



HOUSE OF COMMONS

LONDON SW1A 0AA

27th April 2020

Dear Constance,

RE: GYNAECOLOGICAL CANCERS.

Thank you for your recent correspondence in respect of screening for gynaecological cancers and conditions; your comments upon which I have read with great interest.

Womb cancer is the most commonly occurring cancer of the female reproductive system, and the fourth most common cancer diagnosed in women after breast cancer, lung cancer, and cancer of the colon and rectum. Unfortunately, at the moment, there is no screening test that is accurate and reliable enough to detect womb cancer in the general population.

I gather that a population screening programme for ovarian cancer will be reconsidered by the National Screening Committee by the end of 2020.

Vulval cancer is a rare cancer, with around 1,300 people diagnosed each year, 40 percent of whom are aged 75 or over; and vaginal cancer is even rarer, with only 250 diagnoses on average each year, most commonly in women over 60. There is no simple and reliable way to test for vaginal and vulval cancers in women who do not have any signs or symptoms.

As part of the *NHS Long Term Plan* a review has been undertaken into screening programmes and diagnostic capacity. This work has also considered uptake of screening programmes and ways to raise awareness of key symptoms. I wholeheartedly support all campaigns to improve understanding of cancer, like the 'Be Clear on Cancer Campaign' run by Public Health England, NHS England, the Department of Health & Social Care, and Cancer Research UK. Until more reliable methods of gynaecological screening lead to a recommendation for a national screening programme, it is vital that organisations involved in cancer work seek, wherever possible, to raise awareness of indicators and symptoms.

In England, patients being tested for ovarian cancer are initially offered a blood test (known as CA125) in a primary care setting. If the results of this are elevated, they are referred for an ultrasound which should take place within two weeks of receiving their blood test results. These ultrasounds can be arranged by primary care professionals, but mostly take place in hospital radiology departments. I fully support ensuring diagnosis pathways are as short as possible, but it is also important to recognise that it may not be efficient to order an invasive transvaginal hospital examination when it may not be indicated.



I shall, however, continue to monitor this issue closely, and I support the Government's announcement and roll-out of Rapid Diagnosis Centres across the country to upgrade and bring together the latest diagnostic equipment and expertise, building on ten models piloted with Cancer Research UK, which have focused on diagnosing cancers where patients often present with non-specific symptoms and may go to their GP many times before being sent for tests.

Once again, thank you for having taken the time to contact me and if I can ever be of any further assistance to you then please do not hesitate to contact me again.

With best wishes,

A handwritten signature in blue ink, appearing to read 'Tom'.

**TOM PURSGLOVE MP
MEMBER OF PARLIAMENT
CORBY & EAST NORTHAMPTONSHIRE**