



**ST GEORGE'S
CANCER INSTITUTE**
(Registered Charitable Trust)

Volume 27 | March 2023

newsletter

Welcome to 2023 which is already panning out to be an interesting one.

Hopefully, lots of travel for everyone as the country slowly shows signs of normality.

The Cancer Institute Trustees are looking forward to the next few months when the first patients will be treated on the new MR linear accelerator. As previously advised, the machine is on site and is being commissioned and calibrated, which takes several months. Watch this space for some promising outcomes as we treat areas that have been more difficult to treat in the past.

We continue to support patients and are working hard to build up our funds after spending over \$11 million on the new MR and Versa HD linear accelerators.

I hope you enjoyed the summer, and we are planning to head to Wanaka to talk about our new asset in late March or April 2023.

Cilla Glasson

*Chair, Cancer Institute Trustees
Limited Board of Directors*

4WD Fundraiser

There will be a fundraising trip in the Culverden region on

Sunday 2 April

for the

St George's Cancer Institute.

To register email
cancer.care@stgeorges.org.nz

For further details phone
John Belcher, 027 215 9104



Medical Physicist Rosie Holmes with the MR Linac

MR linear accelerator drawing in highly skilled staff

British-born Medical Physicist Rosie Holmes moved to Christchurch from Tauranga so she could work with New Zealand's only MR Linac machine, while exploring more of New Zealand.

The opportunity to be part of a team providing "game-changing" cancer treatment was a strong drawcard for Rosie, and she's looking forward to the first patient treatments using the new machine.

"The MR Linac gives us real time visibility of a tumour and much better soft tissue definition than we get using a normal linear accelerator. The effect on patients will be huge, with high quality, and more precisely targeted treatment than we can offer using other equipment," Rosie says.

She says the MR Linac comes into its own when treating abdominal organs such as the pancreas, kidneys or liver – which can be hard to see clearly with x-rays and where breathing can alter the position of a tumour being treated with radiation. Having live

information on exact tumour location gives clinicians the confidence to deliver radiation without fear of healthy surrounding tissue being unduly affected. This means less side effects from damage to nearby tissue.

Rosie has a bachelor's degree in theoretical physics and a master's degrees in nuclear science and technology, and health/medical physics. She made the move from nuclear research to being a medical physicist because she wanted to have more of a direct impact on people.

"In a research setting you can be doing important work, but the results of that work may be 5-10 years down the line. Working with patients, the impact is much more immediate," Rosie says.

While the MR Linac was a major drawcard for her coming to St George's Cancer Care Centre, she is already familiar with the technology – having done a project on a Manchester-based MR Linac as part of her training.

continued overleaf...

...MR linear accelerator continued

As a medical physicist, Rosie is now responsible for the safety and accuracy of radiation treatment given to cancer patients.

“We have the responsibility for checking every patient treatment plan. Most cases are quite routine – we follow the guidance of clinical trials and provide the prescribed radiation. For non-standard cases, where a patient may have other health issues or where the tumour is in an unusual location, we are called on to have input to the patient’s treatment plan.

Medical physicists are an integral part of the radiotherapy team, mostly working behind the scenes. Even though there are as many physicists as there are radiation oncologists, the patients rarely meet them.

“It’s all about teamwork and we all have different specialties. Doctors understand the cancer and we

understand the radiation – how machines produce the radiation and how it interacts with the body. We are also responsible for calibration and quality assurance – making sure the machines are working at optimal levels,” she says.

“The big change for us is having a very powerful magnet in the room – on top of the challenges of radiation. We can’t have any ferrous metals (containing iron), but copper and aluminium are OK. Some patients have a pacemaker, which may not be safe in the MR Linac,” Rosie says.

“Other things we need to know about are whether a patient has any aneurysm clips, screws that have been inserted in broken bones, cochlear implants, and that sort of thing. They may not be a problem but we need to know about them so we know what to do. MRI is extremely safe technology, however we still need to make sure all procedures are followed.”

Update on the new MR linear accelerator

St George’s Cancer Care Centre staff are very excited to be at the forefront of cancer treatment in New Zealand with the arrival of the Centre’s new MR linear accelerator (MR Linac).

Caroline Stark, the Centre’s General Manager, says the machine arrived safely, has been installed and staff are now completing their training – here and in Australia.

“We are looking forward to treating our first patients with the new machine within the next few months,” Caroline says.

Support grant makes all the difference as John fights second cancer diagnosis

When John Herbert was in recovery after treatment for tonsil cancer in early 2022, he couldn’t have imagined that in a few short months he would receive another cancer diagnosis – this time it was non-Hodgkin’s lymphoma.

John, 62, started chemotherapy and radiotherapy treatment for tonsil cancer in May last year at St George’s Cancer Care Centre and is beyond grateful for the “first class” care he received.

“The level of care was overwhelmingly first class, and it was a beacon of goodness that shone brighter than the cancer issue,” says John.

John paid for a large part of his tonsil cancer treatment, while his health insurance company picked up the remainder of the cost. However, the treatment left him unable to work and earn an income from his

automotive business, leaving him in an even more difficult position when he was diagnosed with non-Hodgkin’s lymphoma.

Compounding his situation, the drugs that John was receiving for treatment of non-Hodgkin’s lymphoma became more difficult to source and more costly. John says that financially the new supply of drugs was out of his reach.

“Suddenly something we could not afford stood in the way of best value, and threatened the better outcome in the shortest time,” he says.

An application was submitted for financial support from the St George’s Cancer Institute, and within a few days the Charitable Trust approved his request.

“This support changed everything for my partner and I,” says John.



John Herbert

“I went from having chemo brain, unable to sleep or think, to feeling mysteriously happy and calm. I use the word happy carefully, because it’s the nearest I’ve been to feeling happy since being diagnosed.

“We are truly humbled by the Institute and philanthropists involved.”

Scalp cooler helps to prevent hair loss following chemotherapy

St George's Cancer Care Centre now offers its patients the use of a scalp cooling cap aimed at reducing hair loss during chemotherapy.

The scalp cooler was bought for the Centre's patients by the St George's Cancer Institute and was first used in December.

Chemotherapy targets rapidly dividing cells in the body, and hair is the second fastest dividing cell – which is why so many people experience hair loss that starts 2-3 weeks after chemotherapy starts.

The cooling cap is snugly fitted to the patient's head and has coolant circulating through it while it's worn.

It works by lowering the temperature of the scalp and reducing blood flow to the hair follicles - making them less likely to absorb the chemotherapy drugs.

It is worn for about half an hour immediately before chemotherapy, throughout the treatment and for another couple of hours after chemotherapy.

Tracey King, the Medical Oncology/Haematology Manager at St George's Cancer Care Centre, says that the caps have been in use overseas for some time and the Centre is really pleased to be able to offer patients this option.

The scalp cooler is available to patients having chemotherapy however it is not suitable for all cancers and treatments. The nurses will be able to guide patients who are considering using the scalp cooler.

St George's Cancer Institute Newsletters

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Fundraising Coordinator, St George's Cancer Institute, Private Bag 4737, Christchurch 8140 or email
dawn.hinton@stgeorges.org.nz.

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