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Gateshead Health
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From Innovation to Impact: Gynaecological Cancer

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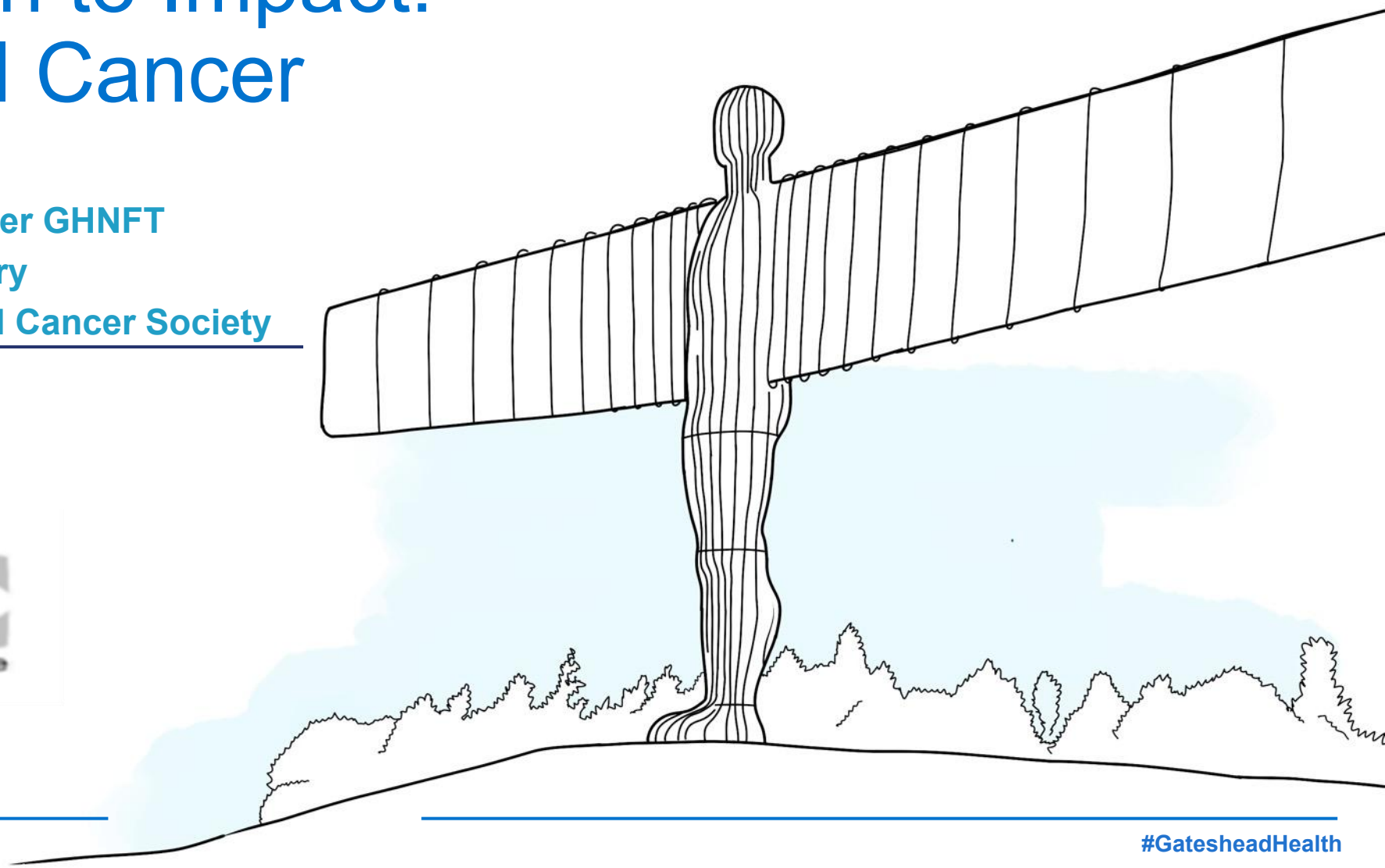
9 October 2026

NGOC
Northern Gynaecological Oncology Centre



Gynaecological Cancer: Symptoms

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ENDOMETRIUM	OVARY	CERVIX	VULVA	VAGINA
Unscheduled PV bleed: PMB / PCB	Bloating Loss appetite Pain Mass Distension Change bowel Heartburn Urine frequency	Abnormal cervix Unscheduled PV bleed: PMB / PCB Dyspareunia	Lump Bleed Pain	Lump Bleed Pain

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3 Innovations

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OvaryCheck

WidEasy

HIPEC

NOCA
National Ovarian Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Ovarian Cancer Audit
State of the Nation Report 2024

One-year net survival for the 19 Cancer Alliances varied between 62.9% and 75.2%, 5-year net survival varied between 28.6% and 49.6%.

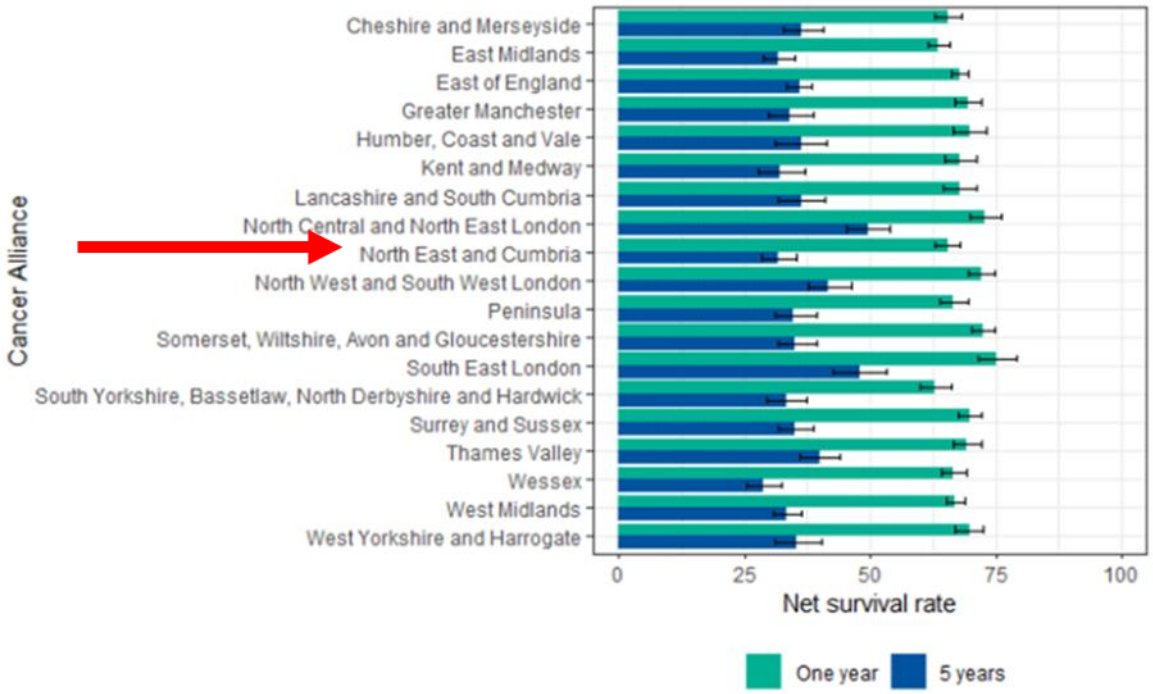


Figure 10. Net survival rates of patients with ovary, fallopian tube and primary peritoneal carcinomas excluding borderlines at one and 5 years by Cancer Alliance, 2013 to 2017 diagnoses (Source: CAS AV2017)

Summary of results for women diagnosed with ovarian cancer in England (2022) and Wales (2022-2023)

NOCA
National Ovarian Cancer Audit

Diagnosis

5,713 diagnoses of ovarian cancer in England in 2022

317 diagnoses of ovarian cancer in Wales in 2023

(excluding borderline ovarian tumours)

Mean age at diagnosis

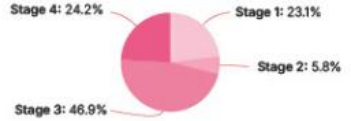
England in 2022: 66.3 years

Wales in 2023: 66.3 years

Stage at diagnosis

Stage in England in 2022

Stage in Wales in 2023



Staging information - 77.0% in England and 92.7% in Wales)

Emergency admissions

Approximately four out of ten women diagnosed in England in 2022 and in Wales in 2023 had an emergency admission within 28 days prior to diagnosis.

Receipt of any treatment (surgery and/or chemotherapy) for women with emergency admission prior to diagnosis

61.3% (E)
71.0% (W)

of women who had an emergency admission 28 days prior to ovarian cancer diagnosis in England (E) in 2022 and in Wales (W) in 2023 had any treatment recorded.

Receipt of any treatment (surgery and/or chemotherapy)

74.2% (E)
80.3% (W)

of women diagnosed with stage 2 to 4 or unstaged ovarian cancer in England (E) in 2022 and in Wales (W) in 2023 had any treatment recorded (surgery and/or chemotherapy).

Platinum-based chemotherapy

Approximately one out of three women diagnosed in England in 2022 with stage 2 to 4 or unstaged epithelial ovarian cancer did not have any platinum-based chemotherapy recorded.

Survival

One-year survival

70.2% England
73.8% Wales

of women diagnosed with ovarian cancer in England in 2022 and in Wales in 2023 survived at least one year after the diagnosis.

Two-year survival

57.8% England
67.6% Wales

of women diagnosed with ovarian cancer in England between 1st January and 30th September 2022 and in Wales between 1st January and 31st December 2022 survived at least two years after the diagnosis.

(based on crude estimates and it does not account for differences in case-mix)

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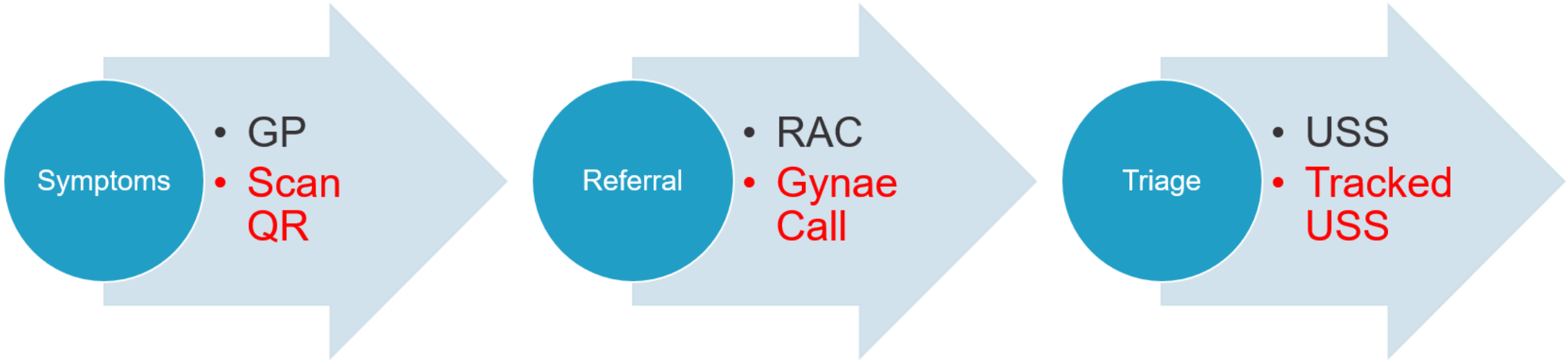
OvaryCheck

northern cancer alliance

NHS

Health Innovation
North East and North Cumbria

OvaryCheck


Symptoms
• GP
• Scan QR
Referral
• RAC
• Gynae Call
Triage
• USS
• Tracked USS

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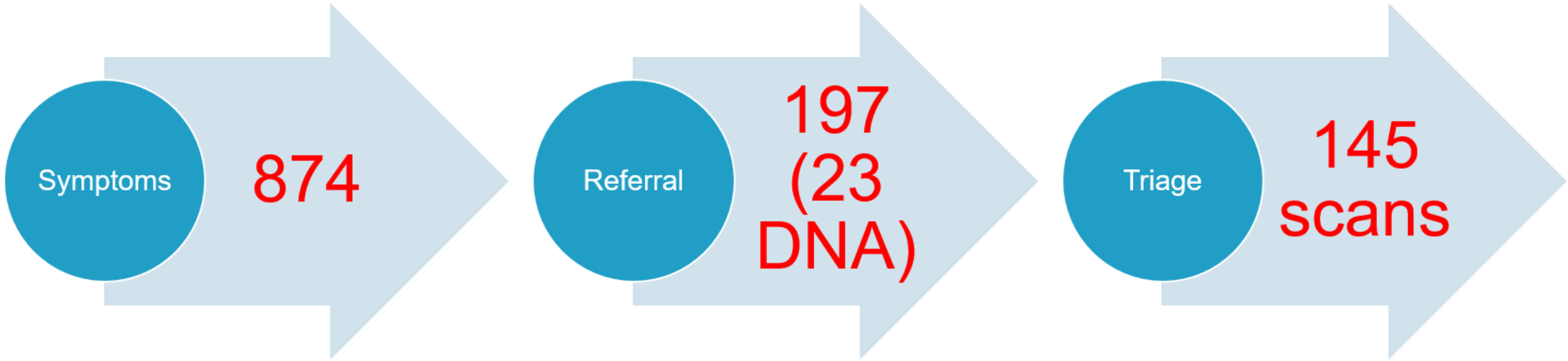
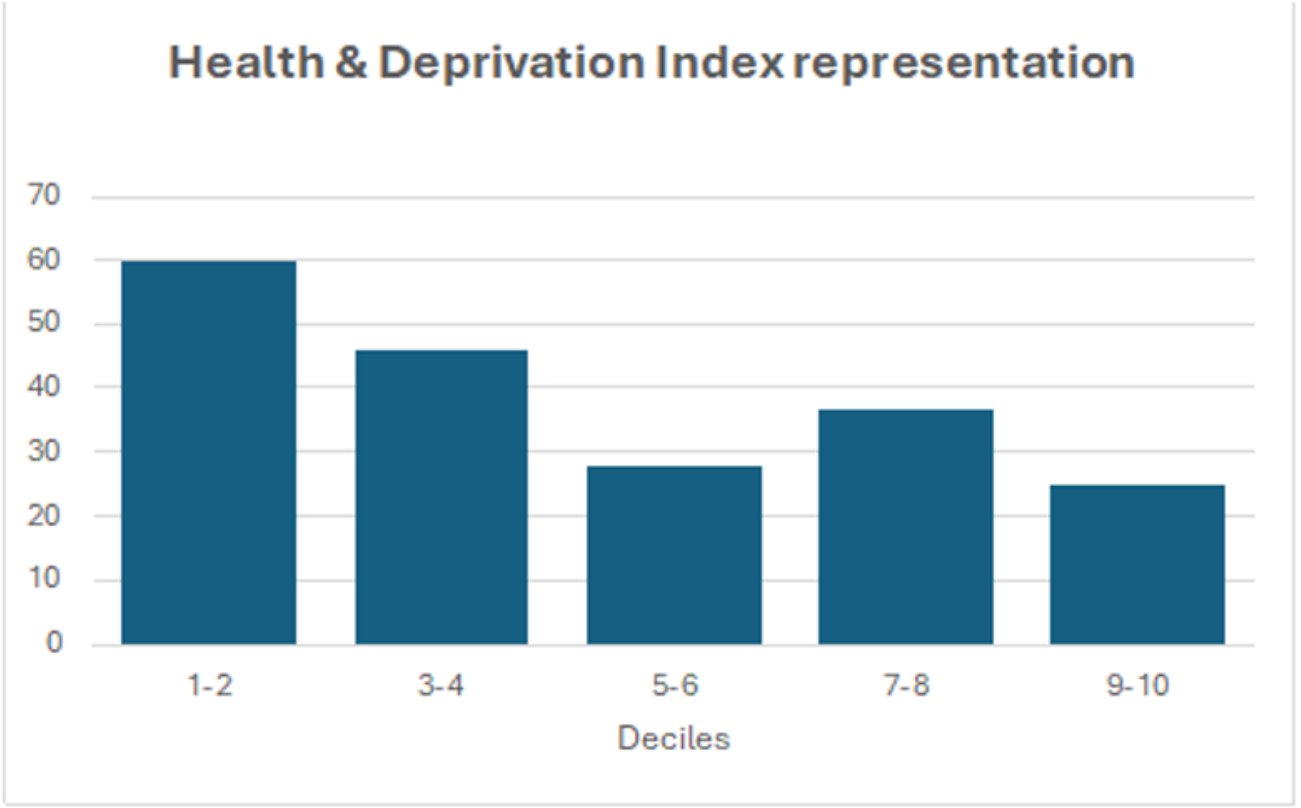
- Pilot Sep 2025
- Service evaluation Jan – Aug 2026

Engagement



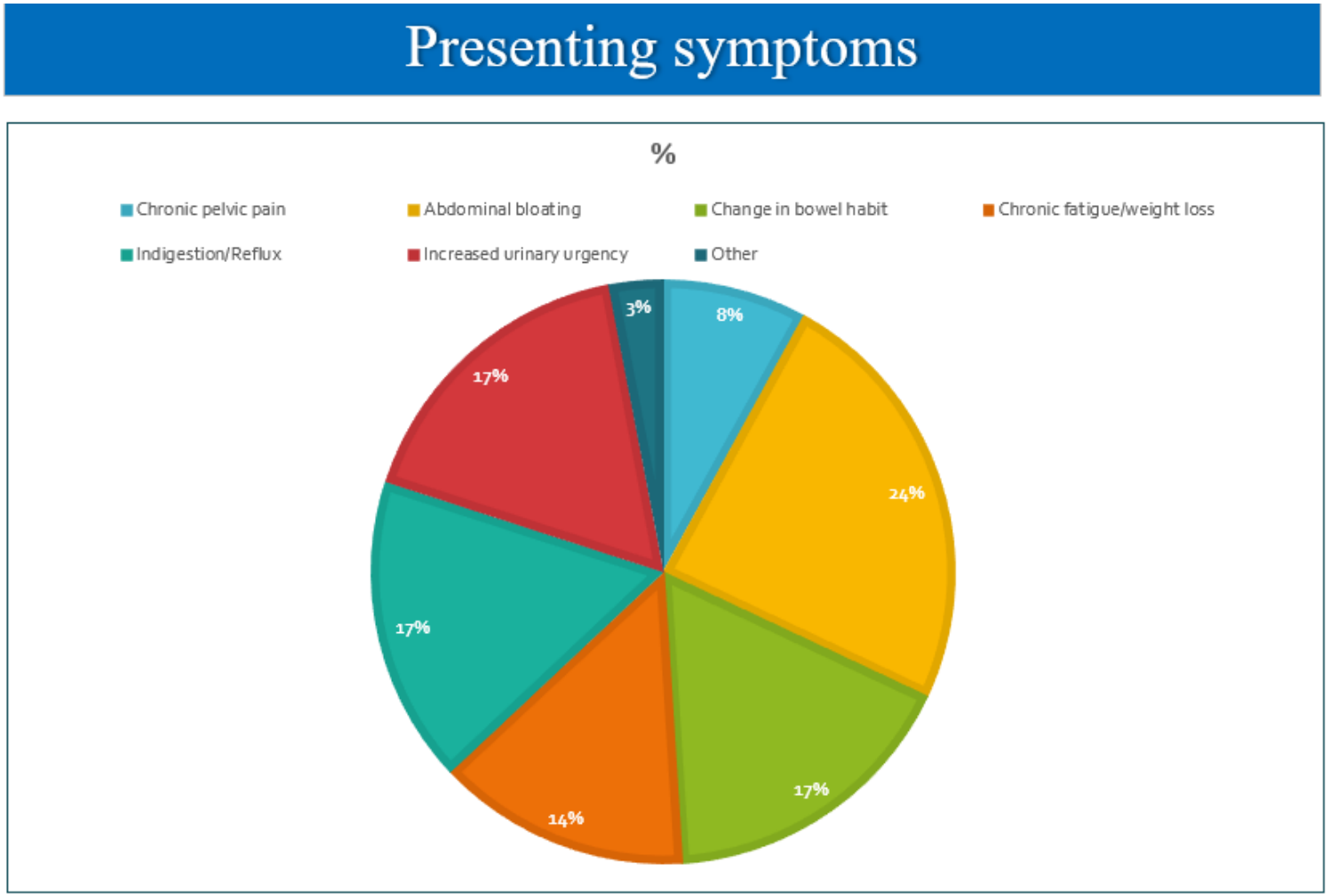
Engagement

Symptoms 874

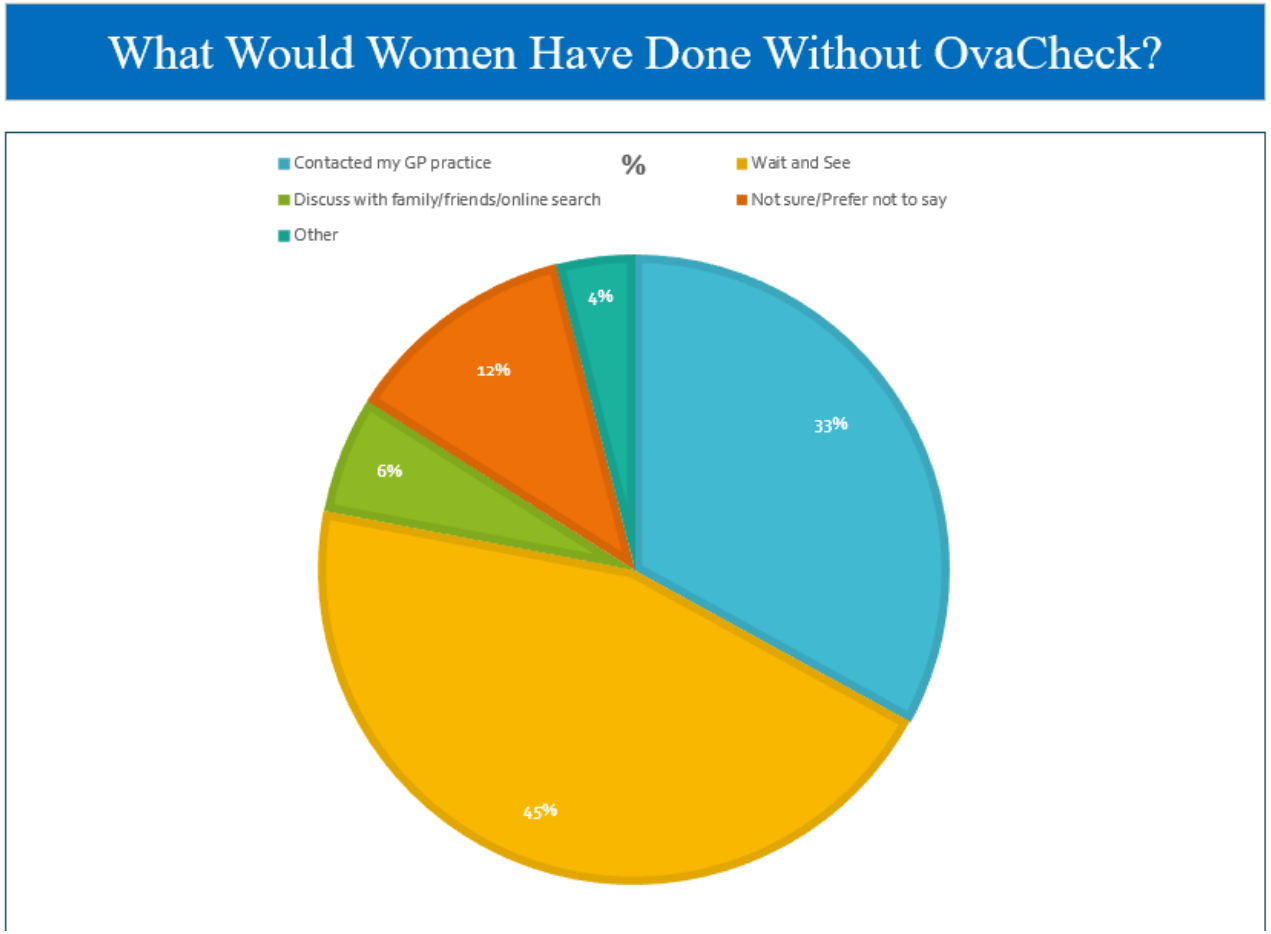


54% of the cohort were represented in the 1-4 deciles.

Presentation



Impact



- USS findings (n=145):
  - Normal 85
  - Ovarian cyst 29
  - Incidental 34

  →22 referred (13 RAC & 9 OPD)

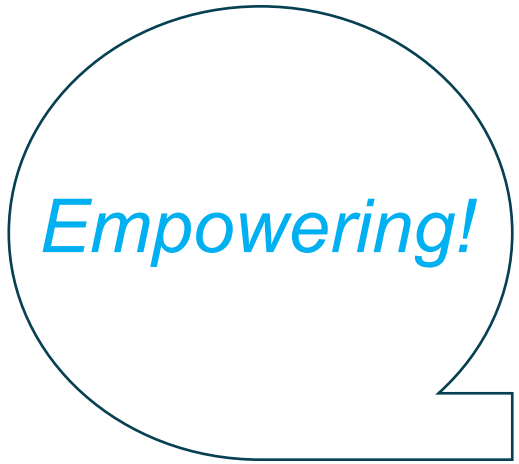
  →MRI or CT in 22

  →1 endometrial cancer

  →1 ORADS 4 (surgery)

Patient experience

- 88% ‘’extremely useful’’
- 100% scan experience & wait times ‘’very good’’



28day FDS 95% - 20days median

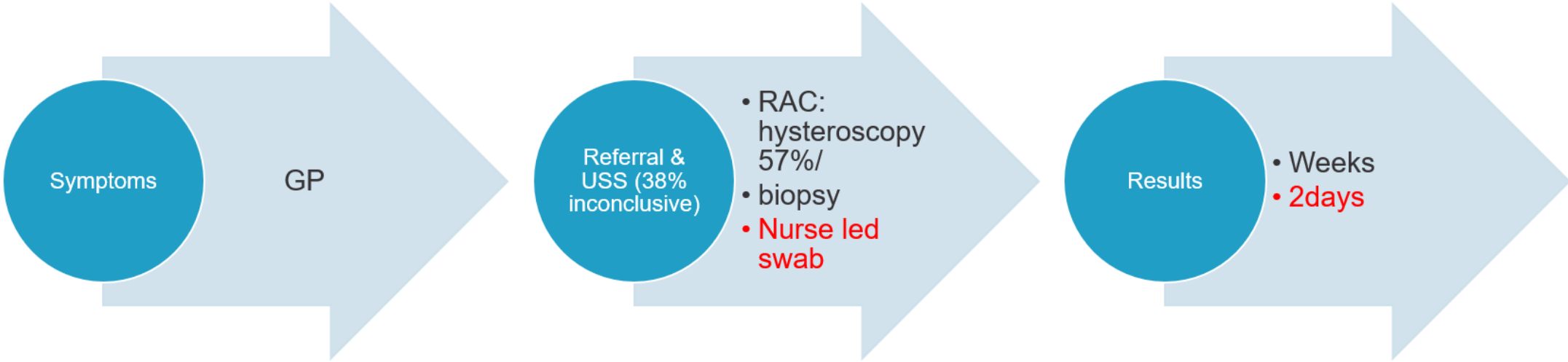
What next?

- Publish evaluation research: self-referral
- Health & economic impact analysis
- Presentation of findings nationally
- Further scalability

WidEasy

Simple cervicovaginal swab
Quick • Well tolerated
Patient centred
DNA methylation analysis
Objective • Accurate • Reproduci
High sensitivity, high specificity

Endometrial pathway



Endometrial pathway

Gateshead Health NHS Foundation Trust

Symptoms

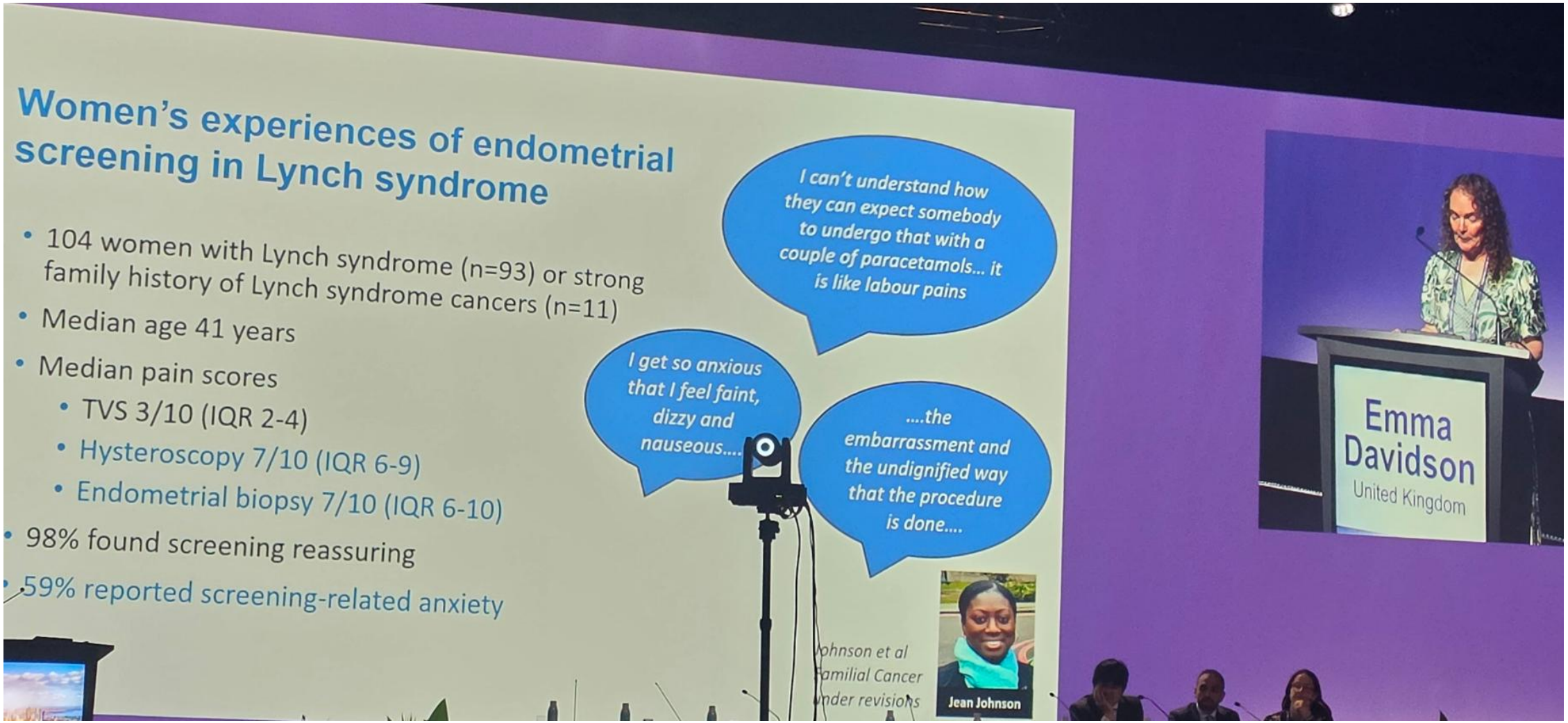
GP

Episure Study 2023

Evans et al, Lancet Oncology, 2023

Conclusion: Implementation of the WID-qEC test in the clinical diagnosis of women presenting with abnormal uterine bleeding could substantially reduce the complexity of the diagnostic pathway by decreasing the number of required tests and help to target those most in need of rapid histological assessment.

Evans et al. (2023) Lancet.


Women's experiences of endometrial screening in Lynch syndrome
104 women with Lynch syndrome (n=93) or strong family history of Lynch syndrome cancers (n=11)
Median age 41 years
Median pain scores
TVS 3/10 (IQR 2-4)
Hysteroscopy 7/10 (IQR 6-9)
Endometrial biopsy 7/10 (IQR 6-10)
98% found screening reassuring
59% reported screening-related anxiety
I can't understand how they can expect somebody to undergo that with a couple of paracetamols... it is like labour pains
I get so anxious that I feel faint, dizzy and nauseous....
....the embarrassment and the undignified way that the procedure is done....
ohnson et al
amilial Cancer
nder revisions
Jean Johnson
Emma Davidson
United Kingdom

Impact: resources

RM Partners

West Middlesex WID®-Easy Pilot

Key Results | Current Standing – Week 29

10/11/2025–05/06/2026

Gynaecology pathway innovation

✓ Rapid, high-NPV testing supports early reassurance, discharge and reduced pathway burden

Patients screened	Results returned	Discharged	NPV	Turnaround
654	630	48%	99.5%	5.1d
23 per week | average age 58	87.5% negative	No follow-up required	3 confirmed false negatives	Patient notified in 2.5d

Result profile

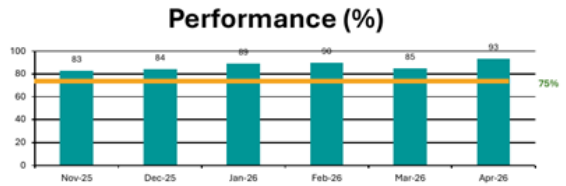
Each dot = 5% of returned results

- 87 % LOW RISK
- 5 % INSUFFICENT
- 8 % HIGHRISK

Positive results (n=43 | PPV 43%)

15	28	0
cancers	benign	pending

West Middlesex Gynae FDS performance Nov 25–Apr 26



WID®-Easy is delivering scale, rapid turnaround and clinically safe reassurance, supporting pathway removal on day 17–18.

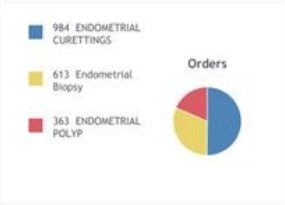
Prepared for RM Partners Cancer Alliance

Source: West Middlesex WID®-Easy pilot current standing data

Impact on pathology demand

Early signal: fewer urgent procedures and lower pathology demand after WID® Easy introduction

Orders made summary between Apr 2025 and May 2026



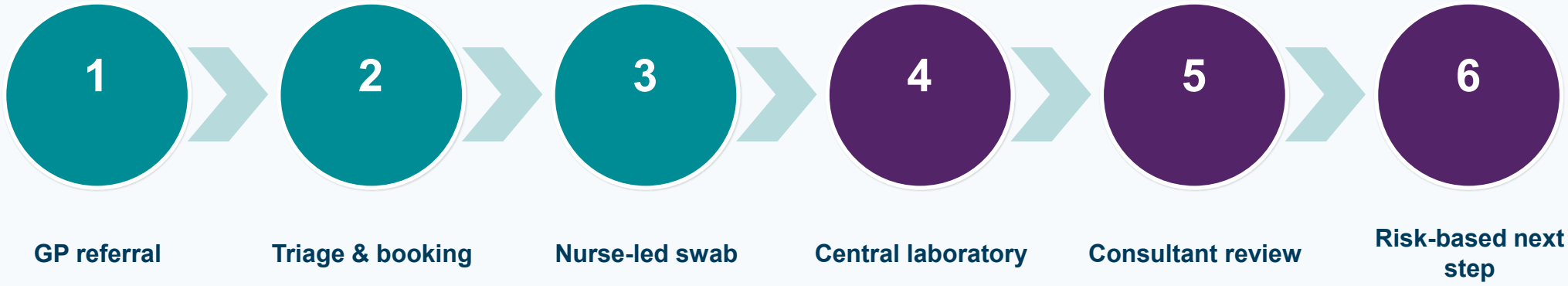
Cost centres summary between Apr 2025 and May 2026

30 % reduction in pathology demand

RM Partners NHS

What next? The Gateshead pilot

Existing referral route, Band 6 or above nurse-led delivery, consultant oversight



Pilot scope
500–600 tests, subject to final costings
October 2026 to 31 March 2027

Clinical model
Trained Band 6 or above nurses
Consultant-led governance and escalation

Evaluation
Clinical, operational, experience, equity and economic outcomes

April 2027: validated evaluation, final report and recommendation for wider NENC use

Impact

Impact means more than diagnostic accuracy

Clinical

Cancers detected, stage, time to diagnosis, safety incidents

01

Service

Hysteroscopy, biopsy, ultrasound, waiting time and capacity

02

Experience

Acceptability, anxiety, information and willingness to recommend

03

Implementation

Competence, adherence, barriers, ownership and escalation

04

Economic

Cost per test, valid result, cancer and hysteroscopy avoided

05

Success = safe integration + better experience + measurable capacity release + evidence for sustained adoption

HIPEC

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NEWS

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England | Local News | Hampshire & Isle of Wight

From inoperable cancer to free of the disease

Caroline Ainslie underwent a pioneering treatment

NHS Gateshead Health NHS Foundation Trust

Heated Intraperitoneal Chemotherapy (HIPEC)

Gateshead Health
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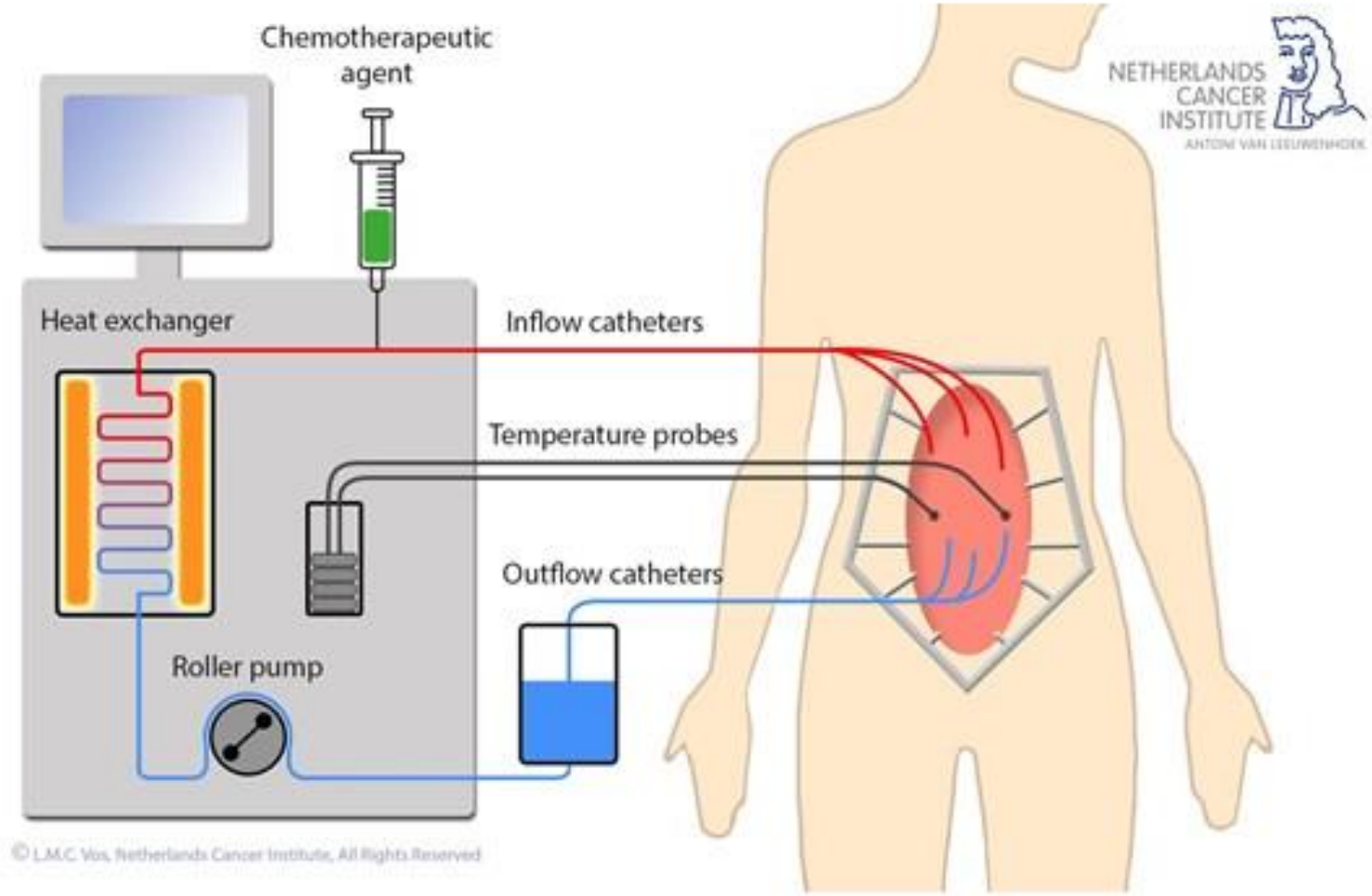


Survival

Gateshead Health NHS Foundation Trust

Cytoreductive surgery with or without hyperthermic intraperitoneal chemotherapy in patients with advanced ovarian cancer (OVHIPEC-1): final survival analysis of a randomised, controlled, phase 3 trial

S Lot Aronson, MD [a,b] · Marta Lopez-Yurda, PhD [c] · Simone N Koole, MD PhD [a,b] · Prof Jules H Schagen van Leeuwen, MD PhD [f] · Hendrik W R Schreuder, MD PhD [g] · Ralph H M Hermans, MD PhD [h] · et al. Show more

- OVIHIPEC 1 – In the interval setting
  - **12 month improvement in median overall survival in patients**
- OVIHIPEC 2 – In the primary setting
  - Analysis due 2026

Inequality

'Transforming lives'

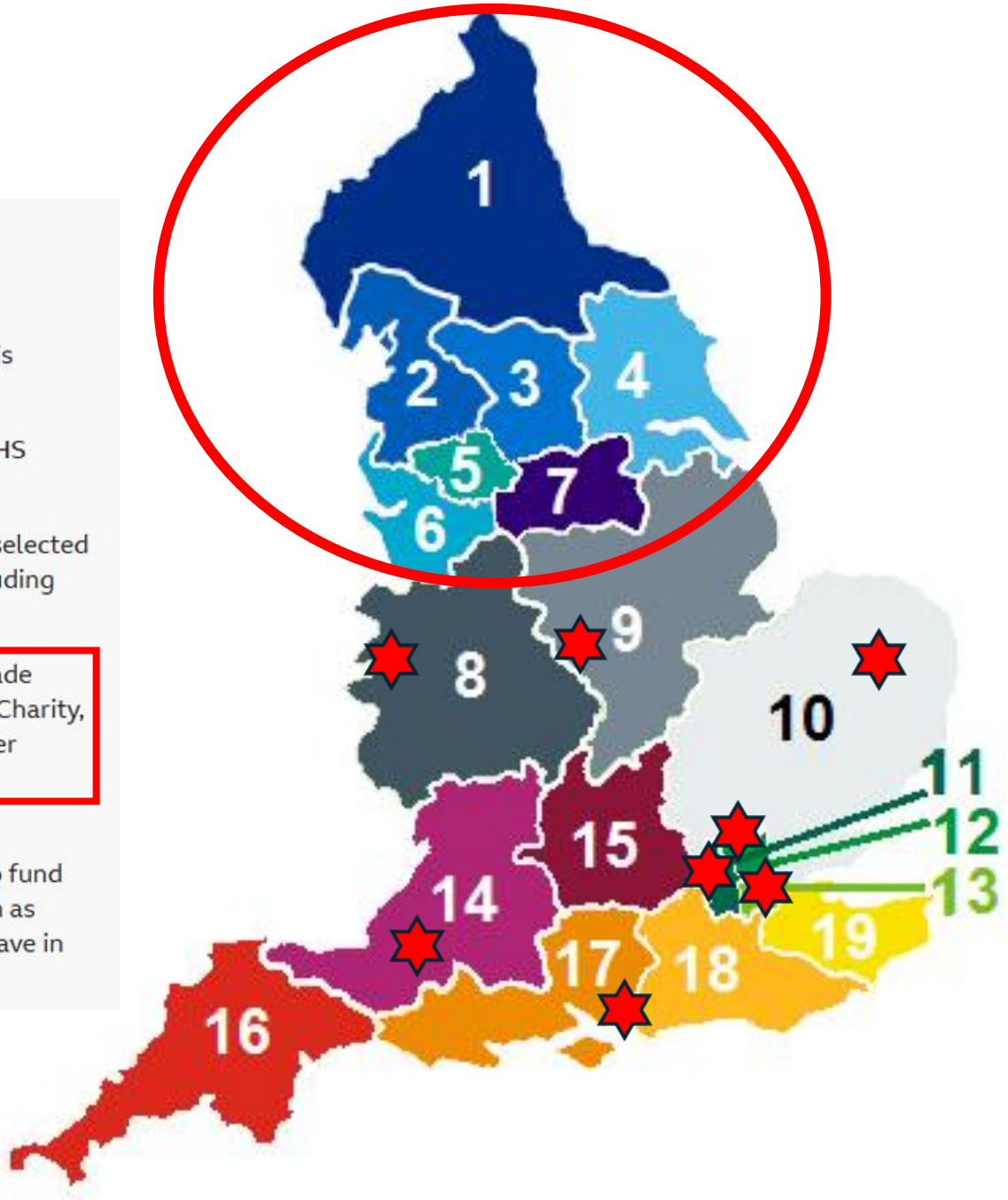
Caroline is now building up her fitness and to celebrate being told she is cancer free she has just booked a ski holiday for next year.

With growing evidence supporting its use in selected patients, more NHS cancer centres are exploring the introduction of HIPEC treatment.

While this case involved ovarian cancer, the treatment is also used for selected patients with other cancers that have spread within the abdomen, including bowel and appendix cancers.

The introduction of HIPEC at University Hospital Southampton was made possible through a donation from Hampshire-based PLANETS Cancer Charity, helping to expand treatment options for patients with ovarian and other cancers.

Neil Pearce, chairman of PLANETS and a retired consultant liver and pancreatic surgeon, said: "We are extremely proud to have been able to fund the use of this revolutionary cancer treatment at UHS, and stories such as Caroline's demonstrate the impact the charity and all our supporters have in saving and transforming lives."



Take Home

- Self-referral works
- Horizon scanning is vital
- Early engagement with stakeholders important
- Need to understand the systemic issues contributing to inequality

Thank you NCA & HI NENC

OvaryCheck Team
GHNFT:
Alvin Floreskou
Fiona McClintock
Katy-Jo Wilkinson
Christine Jobling
Vicki Thompson
Helen Fox

NCA:
Jayne Herring
Jaclyn Curry
Joanna Dunbar

HI NENC:
Raasti Naseem
Stephen Lynn