Yorkshire Cancer Community

September 2026 Edition

VOICE

The voice of those affected by cancer in Yorkshire and The Humber

www.yorkshirecancercommunity.co.uk

Welcome to the September edition of the VOICE Newsletter

In this edition we share Lauren's new fundraising campaign – Yorkshire Coast 5K Challenge. Can you help her to reach her target?

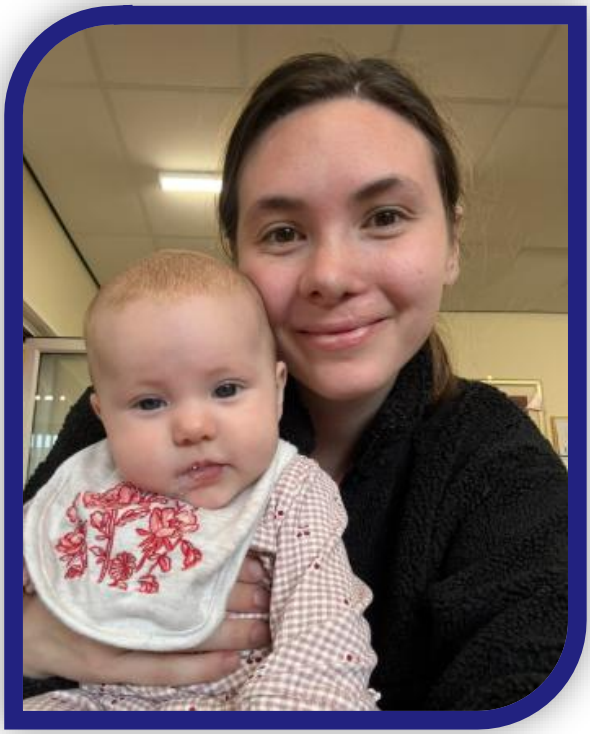
Also in this edition, we bring the exciting news that the rollout of the new HPV self-testing kits, which allow women to test for HPV at home, has begun. The NHS hope to reach the 4 million women who haven't attended their cervical screening appointments, to help reach their target of eradicating cervical cancer by the year 2040. There's more good news with positive results from the STAR-TREC trial showing a new rectal cancer treatment which could save thousands of patients from invasive surgery or from needing a stoma. We also challenge misinformation surrounding the use of ivermectin as a cancer cure, and alleviate concerns around a cancer-causing substance being used to clean medical equipment including cervical screening swabs. We share details of a new £15.8m hospice opening in Elland and information about a new breast cancer study challenging the Nice guidelines to include risk factors of drinking alcohol and being overweight to identify women under 50 who are at risk. We share details of a new support group in Huddersfield for people whose cancer treatment has put them into early menopause and include a reminder of our podcasts that are available to listen to at any time.

Best wishes
Sarah, Clare, Jess and Lauren

Contents

Your Stories

Lauren's Yorkshire Coast 5K Challenge



"This October, I'll be taking on the Yorkshire Coast 5K in Scarborough to raise funds for Yorkshire Cancer Community!

After giving birth to my beautiful baby girl on Christmas Eve, I'm using this challenge as a chance to rebuild my fitness while supporting a charity that I'm so proud to work for and care deeply about. It felt like the perfect opportunity to combine a personal goal with raising money to help Yorkshire Cancer Community continue its amazing work supporting people affected by cancer across Yorkshire. And, of course, I couldn't think of a better place to do it than along our stunning Yorkshire coastline! Every step will be for YCC, and I'd be so grateful for any support or donations to help me reach my fundraising goal."

If you'd like to sponsor Lauren, visit our website at https://www.yorkshirecancercommunity.co.uk/

Yorkshire Cancer Community Podcast Series

A podcast is similar to a radio programme, but with one key difference: you can listen whenever and wherever it suits you. Whether you're cooking, driving to work, gardening or simply taking some time for yourself, podcasts are an easy way to listen while you go about your day.

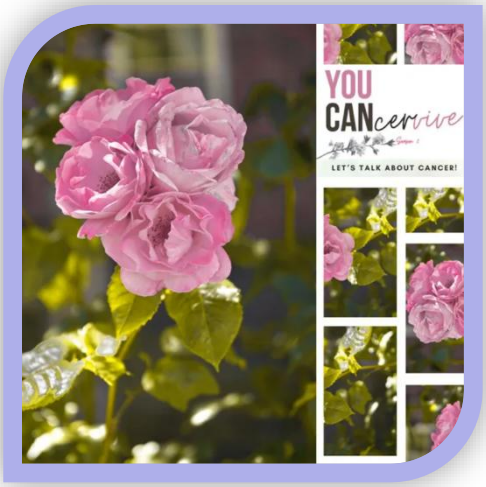
Podcasts can transport you to places and experiences you may never have encountered before. Our podcasts showcase the many different voices and perspectives within the Yorkshire Cancer Community, bringing you closer to real-life experiences and the people behind them.

Through honest, personal stories, you'll hear from patients, daughters, wives, husbands, carers, consultants and voluntary services managers. These are authentic, non-fiction accounts that offer a unique, fly-on-the-wall insight into the realities of living and working with cancer—without the negative imagery often seen in everyday news.

Most importantly, these stories offer hope and positivity. They provide an opportunity to listen, connect, learn and discover how others have faced and coped with their own experiences.

We have lots of podcasts available for you to explore.

You CANcervive – Let's Talk About Cancer



Did you know we have our very own series of podcasts?

Created by our volunteers Rob Husband and Arzoo Dar, who have both experienced cancer themselves, we have 11 podcasts covering a range of topics from people with real lived experience and the medical team who work in the field.

You can find out more here https://www.yorkshirecancercommunity.co.uk/you-cancervive/

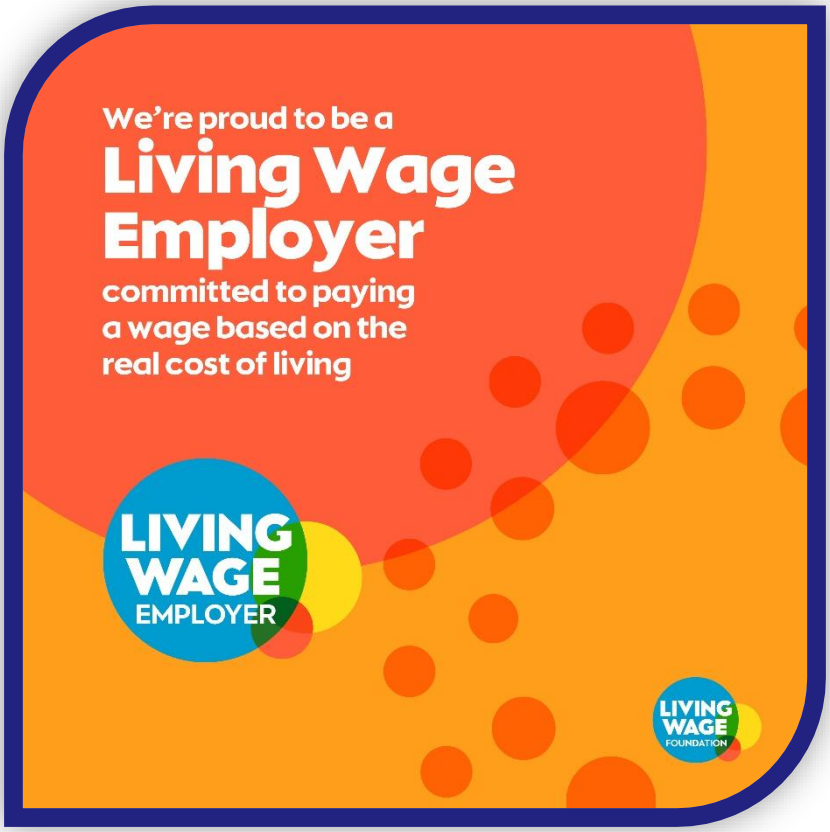
Cancer Journeys

Cancer Journeys podcast series was created by Jacqui Drake, who is living with a terminal stage 4 malignant melanoma diagnosis. Jacqui created the podcasts to help spread awareness, provide hope to other cancer patients & to give them the opportunity to tell their own inspirational stories, in addition to NHS clinicians who dedicate their lives to care for and treat cancer patients.

You can find out more about Jacqui and her podcast series here https://www.yorkshirecancercommunity.co.uk/cancer-journeys-podcasts/

On top of this, Jacqui is hoping to raise £1 million for Leeds Cancer Centre. You can find out more and support her here https://www.jacquismillion.com/

Yorkshire Cancer Community has been accredited as a Living Wage Employer



Our Living Wage commitment will see everyone working at YCC receive a minimum hourly wage of £13.45, significantly higher than the government minimum for over 21s, which currently stands at £12.71 per hour.

Yorkshire and the Humber is a region where 16.6% of jobs are low paid, with over 385,000 jobs paying less than the real Living Wage. Despite this, we have committed to pay the real Living Wage and provide a decent standard of living for all our workers.

The Living Wage Foundation's real Living Wage remains the only UK wage rate independently calculated based on the cost of living, rising annually based on living costs. It gives employers the confidence they are paying a wage that meets everyday needs, not just the government minimum. Over 16,000 accredited employers have secured over £4.1 billion of pay rises for low paid workers since 2011 and made a profound difference to millions of lives around the UK.

News

Tackling Misinformation – Can Ivermectin Cure Cancer?

Ivermectin is an anti-parasitic drug often used to treat worms and lice in livestock and is also used in humans for conditions such as scabies and river blindness. However, there are rumours online that this drug can also cure cancer, and Macmillan have reported an increasing number of people asking questions about ivermectin on their Online Community.

It appears the rumour may have started when American celebrity Mel Gibson claimed three of his friends had been cured from stage 4 cancer after taking ivermectin and another anti-parasitic drug fenbendazole on the Joe Rogan Experience podcast. **This was viewed 11 million times.**

It is understandable that this has caused a great deal of excitement, but there is currently no clinical evidence that these claims are true and more research is needed. There is a small study in Florida to check the safety of Ivermectin in 80 users, which is expected to be complete by December 2027.

For more information about Ivermectin and Cancer, visit Macmillan https://www.macmillan.org.uk/about-us/latest-news/news-and-stories/cancer-and-ivermectin

Nearly 4 Million Women to Be Offered HPV Self-Testing Kits

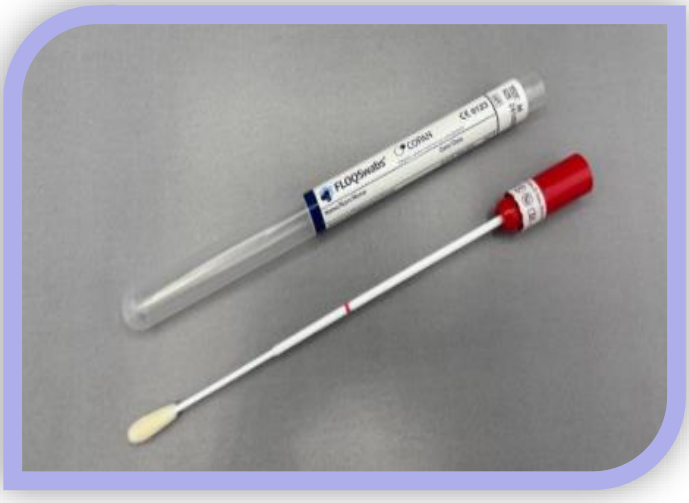
Nearly four million women in England who have not attended cervical screening after previous NHS invitations will be offered free HPV self-testing kits from 25 August 2026.

Cervical screening helps prevent cervical cancer by checking for high-risk types of HPV. It is a common virus that can cause changes to cells in the cervix. These changes can usually be treated before cancer develops.

The new scheme aims to make screening more accessible by allowing eligible women to collect a vaginal sample at home and post it to the NHS free of charge. The swab used resembles a long cotton bud. Samples will be tested for high-risk HPV, which can lead to cervical cancer. Anyone with a positive result will be invited for further screening with a clinician.

Women aged 24-64 are invited for cervical screening by the NHS every five years, but around one-third of eligible women do not attend. Dr Sue Mann, NHS England's National Clinical Director for Women's Health, said the home tests could be a "gamechanger", offering a discreet and convenient alternative for those put off by embarrassment, lack of time or concerns about discomfort.

The invitation-only programme will initially target people aged 30 to 65 who have not attended previous appointments. Invitations will be sent through the NHS App, text, email or letter, with kits available to order online.



The rollout supports the NHS ambition to eliminate cervical cancer by 2040. A previous trial found that offering self-testing could increase the number of women screened by around 400,000 each year.

Although self-testing provides an additional option, women who regularly attend clinician-led cervical screening should continue to do so. The NHS also stresses that screening remains important even for those vaccinated against HPV, as the vaccine does not protect against every type of the virus.

Tackling Misinformation – Cervical Screening

Experts have rejected online claims that the brush used in cervical smear tests is sterilised with a "cancer-causing" chemical.

You may have seen social media posts suggesting that the screening test could be dangerous, despite cervical screening helping to prevent thousands of cases of cervical cancer each year.

Experts from University College London and the Medicines and Healthcare products Regulatory Agency (MHRA) say there is no credible evidence that the sterilisation process puts patients at risk. They are urging people not to miss their screening appointments.

Around 3,000 women are diagnosed with cervical cancer in the UK each year, according to Cancer Research UK, but the number would be significantly higher without screening.

How are the swabs sterilised?

Ethylene oxide gas is commonly used to sterilise medical equipment, including swabs and speculums. While online claims suggest the chemical can cause cancer, experts say this misunderstands the sterilisation process.

Professor Andrea Sella of University College London said the equipment is exposed to the gas briefly before it is completely removed. The sterilised item is then packaged, meaning no ethylene oxide remains.

Although high or prolonged exposure to ethylene oxide can be harmful, an MHRA spokesperson said there is no credible evidence linking cervical smear test swabs to cancer.

Why cervical screening matters

Cervical screening checks for human papillomavirus (HPV), which can cause changes to cells in the cervix and, in some cases, lead to cervical cancer.

Main symptoms of cervical cancer include: -

- **unusual vaginal bleeding, including bleeding during or after sex, between periods or after menopause, or heavier periods than usual**
- **changes to vaginal discharge**
- **pain during sex**
- **pain in the lower back, pelvis and lower abdomen**

Participation has been falling, with only 66% of eligible people up to date with screening in 2024. Screening can reduce the risk of cervical cancer by around 80%. HPV vaccination is also highly effective at preventing cervical cancer.

False or misleading health claims can cause harm if they discourage people from attending screening, so it is important to rely on health information from trusted sources such as the NHS and the World Health Organisation.

Menopause and Cancer Community Support Sessions in Huddersfield

The Menopause and Cancer Charity are delivering support sessions in Huddersfield for people who are experiencing menopause as a result of cancer treatment.

These sessions are a fantastic opportunity for people to come together, share experiences, access support and connect with others who understand the impact that cancer and menopause can have.

Support for people experiencing menopausal symptoms following cancer treatment can be variable, and opportunities such as these can provide valuable peer support, information and a sense of community.

Each session combines expert information, practical tips, and plenty of time for open discussion in a safe and supportive environment. These groups are designed to help you feel informed, reassured, and less alone. You'll leave each session with knowledge, ideas, and resources to support your day-to-day life. All sessions are free and open to anyone affected by menopause after cancer.

The community support group will take place **at The Branch, Jubilee Centre, Paddock, Huddersfield** and will consist of 4 individual sessions, focusing on the following topics:

Weds 16 September - Session 1: Menopause After Cancer: An Introduction to Your Toolkit	This session helps you understand what is in your menopause after cancer toolkit.
Weds 14 October - Session 2: Menopause After Cancer: How to Manage Hot Flushes, Night Sweats & Sleep Problems	This session focuses on how to manage symptoms, including hot flushes, night sweats and improving sleep.
Weds 4 November - Session 3: Menopause After Cancer: Coping with Brain Fog, Anxiety & Low Mood	This session focuses on helping you manage menopause symptoms after cancer, in particular: Brain Fog, Anxiety & Low Mood.
Weds 25 November - Session 4: Menopause After Cancer: Help with Joint Pain, Sexual Health, Confidence and Identity	This session focuses on providing you with support to help with joint pain, sexual health & confidence.

If you would like to find out more, or book your place, visit Huddersfield Menopause and Cancer Community Support Sessions

A breakthrough for rectal cancer treatment

A major international trial has found that many patients with early-stage rectal cancer may be able to avoid major surgery and a colostomy bag through a combination of chemotherapy and radiotherapy.

Photo: BBC - Rectal cancer patient and trial participant Hugh Chown and his daughter Rachel, who supported him during his treatment

The STAR-TREC trial, led by researchers from the Universities of Leeds and Birmingham, tested organ-preserving treatments as an alternative to the standard procedure, Total Mesorectal Excision (TME). While surgery has a high cure rate, it can have life-changing consequences, including the possible need for a temporary or permanent colostomy bag.

The initial results suggest that non-surgical treatment could be a realistic option for many patients. Up to 14,000 people are diagnosed with rectal cancer in the UK each year, with around one in three diagnosed at an early stage.

One participant, 65-year-old Hugh Chown from Harrogate, was offered the trial after being diagnosed with rectal cancer. He said he was told conventional treatment would likely involve surgery and a permanent colostomy bag.

Instead, Hugh received chemotherapy tablets and radiotherapy over five weeks. Although he experienced increasing fatigue during and after treatment, the side effects eventually wore off. He was later told that the cancer had completely disappeared, and subsequent checks remained clear.

More than 400 patients across Europe took part in the trial. The results showed that, at up to 12 months, four out of five patients receiving both chemotherapy and radiotherapy avoided major surgery, compared with three out of five who received radiotherapy alone.

Patients whose cancer was not completely eliminated were able to undergo surgery to remove the remaining cancer.

Professor David Sebag-Montefiore from University of Leeds, one of the trial leaders, said the findings showed how a more targeted approach to radiotherapy could help patients avoid major surgery while keeping side effects relatively low.

Another trial leader, Professor Simon Bach from University College London said that for decades, patients had been expected to accept the loss of their rectum as the price of curing cancer, but the new results suggest this may no longer be necessary for many people.

Patients were followed for 30 months, with longer-term results still being analysed and expected in 2027. Cancer Research UK described the findings as potentially "life-changing for thousands of people”.

New Hospice Opens in Calderdale

A new £15.8m hospice facility has opened in Elland, West Yorkshire, with the aim of transforming care for patients with life-limiting illnesses and their families.

Image source: BBC/Cara Thorpe

The new inpatient unit at Overgate Hospice took two years to build following eight years of planning. It features 16 private ensuite bedrooms with internet connection and smart TV's, larger family areas, therapy rooms, a sensory jacuzzi bathroom with music, lights and bubbles, a spiritual space and a wildflower garden.

Image source: BBC/Cara Thorpe

The new facility will provide high-quality end-of-life care for patients and their families

Chief executive Tracey Wilcocks said the building would provide the same high-quality care as before, but in a more modern and comfortable setting. The project was funded largely through fundraising, grants and donations, with supporters taking part in events ranging from skydives to mountain treks.

Fundraiser Jessica Roche became involved after the hospice cared for her husband, Oliver, during his battle with a rare and aggressive sarcoma cancer. After his death in 2016, she helped raise funds and shared ideas about how facilities could better support families, many of which were included in the new design.

Image source: BBC/Cara Thorpe

Jessica Roche (left) and Overgate CEO Tracey Wilcocks (right) have helped fundraise millions of pounds in donations

She said the improved facilities, including sofa beds for patients and partners, would make end-of-life care more private, dignified and comfortable.

The new building stands within the grounds of the original hospice, which is more than 30 years old and will now be converted into an outpatient centre.

New study - breast cancer risk in women under 50

Breast cancer is a leading cause of death in women under 50 in the UK.

Around 1 in 7 women will develop breast cancer in their lifetime. Most breast cancer cases (96%) are in women over 40, yet routine mammograms are only offered to women over 50.

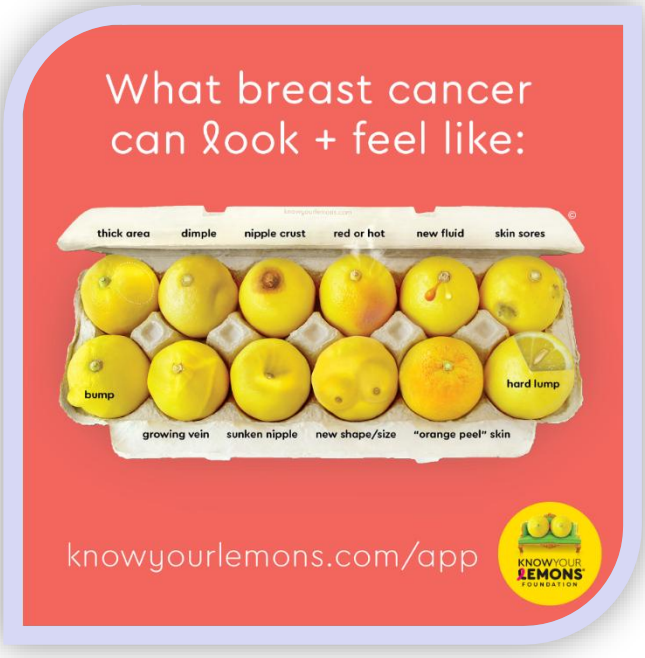
Alcohol intake and obesity are significant risk factors

Researchers have warned that current NHS criteria for identifying women under 50 at higher risk of breast cancer may be too limited, potentially missing up to 95% of those at increased risk.

Current guidance from the National Institute for Health and Care Excellence (Nice) focuses mainly on family history and inherited genes. However, factors such as lifestyle, reproductive history and genetics can also affect risk, with alcohol intake and obesity being significant risk factors. Women under 50 are not routinely offered breast screening unless they have a strong family history and in some circumstances if they are over 35 and are using an oral contraceptive pill or hormone replacement therapy (HRT).

A study by researchers from Cambridge University and the Institute of Cancer Research used the Boadicea risk calculator, which combines several risk factors including lifestyle and reproductive history. It found that 26.5% of women under 50 could be identified as having above-average risk, including 34.8% of those who developed breast cancer within 10 years. Under current criteria, only 1.4% would be referred, identifying just 4.4% of women who later developed the disease.

Researchers said the main reason for this difference is that 73% of younger women who develop breast cancer have no family history (a key criteria in the current Nice guidelines). They called for the NHS to review its approach, although wider risk assessments could increase workloads and cause unnecessary anxiety or testing.



Nice said it recognised the potential of broader risk assessment tools but that there was not yet enough evidence to change its guidelines. The UK screening programme currently aims to balance early detection with the risks of false positives, overdiagnosis and unnecessary treatment.

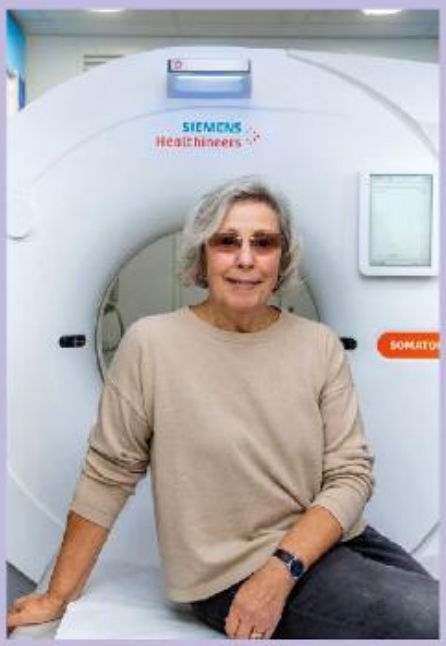
Women of all ages are encouraged to be aware of what is normal for their breasts and to seek medical advice if they notice any changes.

NHS & West Yorkshire & Harrogate Cancer Alliance Lung Cancer Screening

West Yorkshire and Harrogate Cancer Alliance

Lung Cancer Screening

NHS



Are you ready for your lung health check?

- Are you aged between 55-74?
- Are you a smoker or ex-smoker?

You may be invited for a lung health check, but please wait for your invitation. If you are experiencing breathing problems or a cough that is not going away, please contact your GP practice.

Visit lunghealthcheckaware.co.uk for more information

The lung health check process

Step one

A health care professional will call you to discuss your breathing, overall lung health, lifestyle and family and medical history. A risk score will be calculated, and this will decide next steps

Step two

You may be offered a lung scan to check if your lungs are healthy. If problems with your breathing or lungs are found but you do not require a scan, you may be referred to your GP practice. Not everyone who has a lung health check needs a lung scan

Step three

If you require a scan you will be invited for a CT scan appointment, which is a computer that takes a detailed picture of your lungs. The scan is quick, easy and painless.

If any treatment is needed, it is more effective if started as soon as possible.

What are the symptoms of lung cancer?

There are usually no signs or symptoms in the early stages of lung cancer, but many people with the condition eventually develop symptoms including:

- A persistent cough or change in your normal cough
- Unexplained tiredness or weight loss
- An ache or pain when breathing or coughing
- Coughing up blood
- Being short of breath
- Appetite loss

If you notice one or more of these symptoms, contact your GP practice as soon as possible.

Visit lunghealthcheckaware.co.uk for more information and audio in different languages.

اردو
ਪੰਜਾਬੀ
Polski
Slovenčina
বাংলা
Čeština

Scan the QR code to go to the website

What have we been up to?

A Summer of Raising Awareness and Fundraising

As part of our Cancer SMART program, we aim to raise awareness of the signs and symptoms of cancer and the importance of catching cancer early, encourage you to attend or take part in the regular screening programmes that are available, empower you to reduce your risk by adopting healthy lifestyle changes, and be aware of what's normal for you so that you can seek help quickly if you notice any changes.

We do this in the following ways: -

Cancer

Screening saves lives by prevention & early detection

Making cancer an everyday conversation

Awareness of unusual & persistent changes

Reduce risk with a healthy active lifestyle

Take action NOW against cancer

Talks

We visit schools, colleges, workplaces and organisations to share our Cancer SMART presentation

Attend Events

We attend health & wellbeing events with our information stall, giving out leaflets and speaking to the public

Online

We want our Cancer SMART message to reach as many people as possible. That's why we also have an online offer

In the past, we have found that people were sometimes reluctant to visit our information stalls and talk to us about cancer at events we attended. We understand this can be a difficult topic, and one which many people prefer to avoid. Yet, our Cancer SMART message is really important, it even saves lives. So, we've been trialling new ways to make our stalls more engaging so that we can reach as many people as possible.

Introducing Games & Tombola

May Day event - Rothwell

Our chair Sue visited with an information stall but included a tombola game. The tombola helped her to speak to lots more people, raising awareness of Cancer SMART and offering advice and support, plus she raised £266.50 of unrestricted funds for our charity in the process

Horbury Show – June

Our volunteers Barbara (and partner Graham), Stephen and Kathy went along to Horbury Show, with several games including bottle tombola, pick a stick and the now legendary bra pong.

The day was an incredible success, with over 100 conversations had with members of the public about our Cancer SMART message.

Our volunteers told us the new games are a real ice-breaker, allowing them to engage with more people.

Wakefield Trinity – July

We went along to the Wakefield Wellbeing Event in July, where we engaged with people including those with a learning disability, who have much worse cancer outcomes than the general public. Here's Barbara with our stall which included a small pick a stick game and bra pong. Despite a smaller audience, we spoke to 22 people, giving out information about support groups in our area, and raising awareness of the increased risk of prostate cancer in Black men.

Oakwell Hall – August

We celebrated Yorkshire Day at Oakwell Hall in Batley. Staff members Sarah and Jess were joined by volunteers Kathy and Stephen (pictured) and Sarah's partner Sam. The day was an outstanding success, with 355 conversations, thanks to our new approach!

We've reached **1035 people** so far this year thanks to our more interactive stalls

What We're Working On & Opportunities to Get Involved

Upcoming Patient VIEW meeting - SCOPE Community Hub, 3 Brewery Wharf, Dock Street, Leeds LS10 1JF & online on Teams
3rd September 2026 - 11am – 1pm.

At our next Patient VIEW Panel meeting, we will hear from colleagues involved in a range of projects and areas of work.
Speakers will include Dinah from the West Yorkshire & Harrogate Cancer Alliance, who will provide an overview of their Digital Prehabilitation/Rehabilitation Offer.
Jakki and Faiziah from Leeds Teaching Hospitals will talk about what Interventional Oncology is, some of the minimally invasive treatments available, and Histotripsy.
Finally, Ruth from the University of Nottingham will present her work exploring the Reconstruction Needs of Older Women with Breast Cancer.
We look forward to hearing from all of our speakers and discussing these areas of work with Patient VIEW Panel members.
If you would like to attend this meeting, or future sessions, please contact jess@yorkshirecancercommunity.co.uk

An introduction to Continuing Healthcare webinar The Patients Association & Compass Continuing Healthcare
15th September 2026 at 11:00am-12:00pm

Are you struggling to fund specialist care? Find out whether NHS Continuing Healthcare could be the answer. The cost of specialist care is a key concern for families. For those with long-term complex health needs, there is help available with a fully funded package of care, NHS continuing healthcare. Yet many potential recipients are missing out, due to lack of awareness, misinformation or simply being put off from applying due to the frustrating and challenging assessment process.

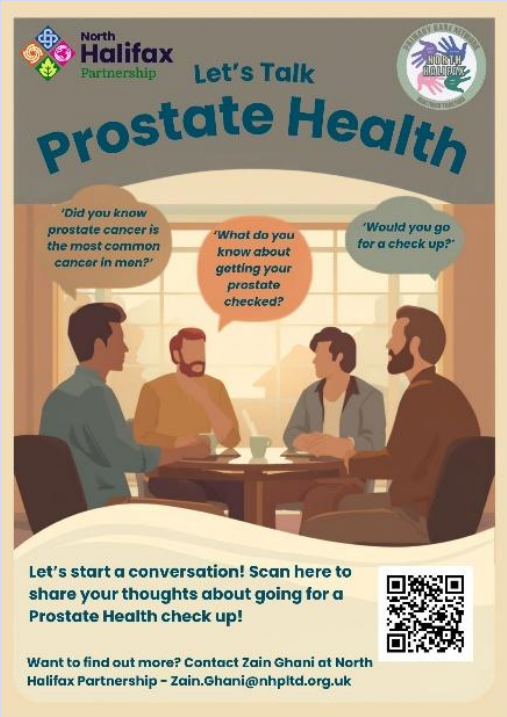
To register: An introduction to Continuing Healthcare | The Patients Association

Research Opportunities

Imperial College London
Participants with experience of taking Capecitabine needed for co-design workshops

Imperial College Clinical Research Fellow, Hyung Kyung Kim, would like to design a solution to help make it easier for patients to take capecitabine treatment as prescribed

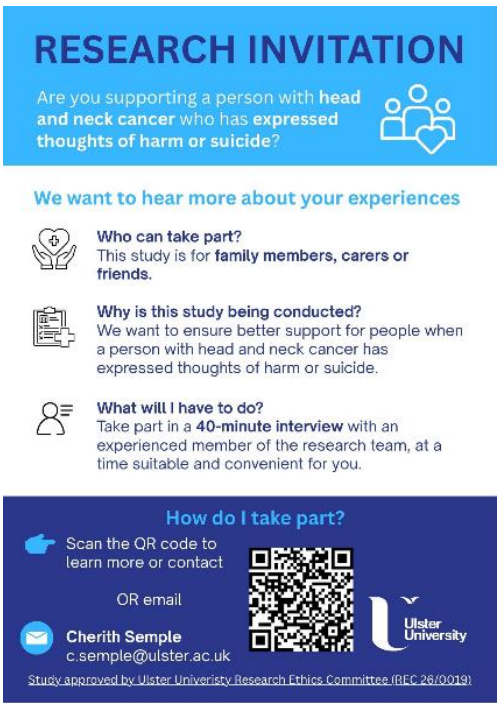
through a co-design workshop. The workshops will be online or in person.
Who can help: You are, or have been, on capecitabine (but not with radiotherapy at the same time) for colorectal cancer. They are particularly interested in those participants who have struggled with taking capecitabine as prescribed.
Workshops will last around 150 minutes and will either be online or in person.
All participants will receive £68.75 after the workshop, and if participating in an in-person workshop they will also be reimbursed for travel costs up to £15.
Please contact Hyun Kyung Kim on h.kim@imperial.ac.uk for further information



Prostate Health Check-Up Survey – North Halifax

North Halifax Partnership and North Halifax Primary Care Network are asking local men to share their views and experiences of prostate health check-ups.
The anonymous survey aims to understand what encourages men to get checked and any barriers or misconceptions that may prevent them from doing so.
They are particularly keen to hear from Black men aged 45+, but welcome responses from men of all ages and backgrounds.

If you live in North Halifax, please take a few minutes to share your views and help inform future local engagement around prostate health by scanning the QR code on the poster or emailing Zain.Ghani@nhpltd.org.uk

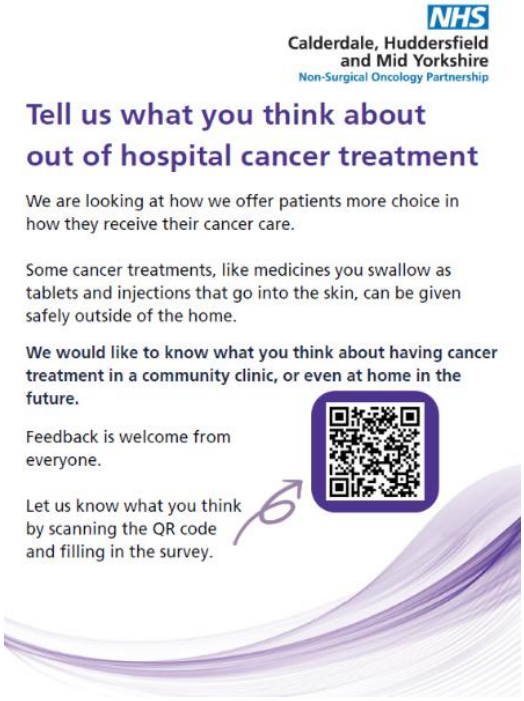


Research Study: Family, Friends, and Carers' Experiences of Suicide Ideation in People with Head and Neck Cancer (REC 26/0019)

Ulster University is conducting a research study exploring the experiences of family members, close friends and carers when a person with head and neck cancer experiences thoughts of self-harm, feels that life is not worth living, or has more active thoughts of suicide.

The study aims to improve understanding and support for people with head and neck cancer experiencing suicidal thoughts, as well as those close to them. Friends, family, and carers are invited to take part in a 30–40 minute interview with an experienced member of the research team, at a time that is convenient for them.

For more information, please visit the link below or contact Cherith Semple at c.semple@ulster.ac.uk or
https://app.onlinesurveys.jisc.ac.uk/s/ulster/pis-consent-form-head-and-neck



Out of Hospital Cancer Treatment Survey NHS Calderdale, Huddersfield, and Mid Yorkshire Non-Oncology Partnership

Tell us what you think about out of hospital cancer treatment. We would like to know what you think about having cancer treatment in a community clinic, or even at home in the future. We are looking at how we offer patients more choice in how they receive their cancer care. Some cancer treatments, like medicines you swallow as tablets and injections that go into the skin, can be given safely outside of the home. Feedback is welcome from everyone.
https://www.midyorks.nhs.uk/cancer-treatments-at-home-or-in-the-community/

Could you help shape uterine leiomyosarcoma research?

A researcher from the University of Bradford is developing a pilot study into uterine leiomyosarcoma (womb sarcoma) and is looking for people with experience of this cancer to help shape the project.
The research aims to understand why some cancer cells can survive chemotherapy and contribute to relapse. If successful, it could lead to earlier diagnosis and new treatment approaches that target these persistent cells.
They are looking at setting up a Patient and Public Involvement (PPI) advisory panel to help guide the study and advise on how findings are shared.
If you, or someone you know, has experience of uterine leiomyosarcoma and would like to find out more, please contact J.Hargan@bradford.ac.uk, who can arrange an informal chat via Microsoft Teams, with no obligation to get involved.

Not Part of Patient VIEW Yet? Join Us.

If you have lived experience of cancer, are a carer, or support a family member affected by cancer, we'd love you to consider joining Patient VIEW. This panel is influencing real research and real change across the UK, and we want to grow it.

We're working to build one of the most cohesive and diverse patient panels possible so that more universities, researchers and healthcare organisations can access patient voice. Involvement is completely flexible, nothing is compulsory, and you can contribute as often as your schedule allows. Some university workshops also offer monetary reimbursement for your time. Most importantly, your voice feeds directly into research and care.

If you'd like to be involved, please get in touch with Jess jess@yorkshirecancercommunity.co.uk

Upcoming events

Here's what we have coming up this month

Thu 3 Sept – Patient VIEW meeting at Scope Community Hub, 3 Brewery Wharf, Dock Street Leeds LS10 1JF at 11am – 2pm.

Wed 16 Sept – Cancer SMART stall at NHS Community Health Check Event, Manningham Mills Community Centre, Lilycroft Road, Bradford BD9 5BD at 1pm – 4pm.

Wed 16 Sept – Support Group Leaders Network meeting at 2pm – 3.30pm. See below for more details.

Watch out for our social media posts too to keep up to date on what we've got coming up.

@YorkshireCancerCommunity

@yorkshirecancercommunity

Cancer Support Group Leaders Network Meeting

Do you lead a cancer support group?
Thinking about starting one and looking for advice?
Either way, we'd love you to join our Support Group Leaders Network.

Connect with other group leaders, share experiences, and gain practical advice from experts to help your group thrive.

Our network meetings cover topics such as:

- Attracting and engaging new members
- Promoting your group in the community
- Finding inspiring speakers and activity ideas
- Fundraising tips and best practice
- Sharing challenges, successes and ideas with fellow leaders
- Safeguarding

Whether you're an experienced group leader or just getting started, our network offers a friendly, supportive space to learn, connect and grow.
Join us and be part of a community supporting those affected by cancer.

Our Support Group Leaders Network meetings are every two months and are online via zoom, so just grab a cuppa and join us. It's a great opportunity to learn from others, or to share your knowledge.
If you want to know more, our next group is meeting on Wednesday 16 September at 2pm – 3.30pm. Contact Sarah on sarah@yorkshirecancercommunity.co.uk for a joining link. We'd love to see you there.

STEEL CITY BREAST CANCER CONNECT

Peer-to-peer support led by women living with primary breast cancer built on shared experience, understanding and support.

A welcoming, supportive space to connect with others navigating primary breast cancer HERE in Sheffield.

Join us. Connect. Share. Support.

at our FREE monthly sessions below.

Welcome & Social Get together	14 May 2026	Bakers Yard Bakery, Kelham Island *3.30 - 5.30*
Managing the rollercoaster - Body Exercise	4 June 2026	
	2 July 2026	Weston Park Cancer Charity *2.30 - 4.30*
	July 2026	
Reflection & Social Get together	13 August 2026	
Managing the rollercoaster - Body Nutrition	3 September 2026	Sheffield Wednesday - Community Gym *3.00 - 5.00*
	1 October 2026	
Reflection & Social Get together	5 November 2026	
Managing the rollercoaster - Mind	3 December 2026	Sheffield United Family Hub *TBC* July 2026
	January 2027	
Reflection & Social Get together	4 February 2027	
Patient Toolkit to support your journey	4 March 2027	Blend Family Charity Kitchen *TBC*
Next steps & Looking Forward	1 April 2027	
Celebration Event	Date & Venue TBC	

Want to know more?
Message us on Instagram:
Or email us at:
nicola.harris.jukes@steelcitybreastcancerconnect.org

MACMILLAN CANCER SUPPORT

Cancer Awareness - September

Blood Cancer

Blood cancer is a type of cancer that affects your blood cells. Leukaemia, lymphoma and myeloma are some of the most common types of blood cancer. There are also types called MPNs and MDS.

Blood cancer is caused by changes (mutations) in the DNA within blood cells. This causes the blood cells to start behaving abnormally. In almost all cases, these changes are linked to things we can't control. They happen during a person's lifetime, so they are not genetic faults you can pass on. Some types of blood cancer affect children. Symptoms and treatment can be different between children and adults.

Over 40,000 people are diagnosed with a blood cancer each year in the UK, and over 250,000 people are currently living with blood cancer.

People with blood cancer may experience a range of symptoms including unexplained weight loss, bruising or bleeding, lumps or swellings, breathlessness, drenching night sweats, infections, fever, rash or itchy skin, pain in joints, bones or abdomen, tiredness and paleness of skin.

Treatments include chemotherapy, targeted therapies, immunotherapy, radiotherapy or stem cell transplants. Patients may have a range of treatments.

If you would like more information about blood cancers, including where to get help and support, we have a specific page on our website https://www.yorkshirecancercommunity.co.uk/blood-haematology-cancer/

You can listen to the inspiring story of Rian Harvey and his journey with acute myeloid leukaemia in our very own YOU CANcervive podcast series at https://www.yorkshirecancercommunity.co.uk/the-l-card/

Childhood Cancer

Around 4,200 children and young adults are diagnosed with cancer in the UK each year (that's around 1,900 children aged 0-14 and around 2,300 young people aged 15-24). The types of cancer affecting children are quite different from the cancers that affect teenagers and young adults (TYA); TYA cancers are different again from the types of cancer that typically affect adults aged 25+. Childhood cancers are spread across 76 types of children's cancer that can be put in 12 main groups. The most common are: leukaemia (30%), brain, CNS and intracranial tumours (20%) and lymphomas (11%). In teenagers and young adults, the most common cancers are melanoma and carcinomas such as breast, thyroid and cervical (30%), lymphomas (20%) and germ cell tumours such as testicular and ovarian cancer (16%).

Thanks to investment in research and treatment, survival has increased dramatically over the past 50 years, and four out of five young cancer patients can be successfully treated.

If you would like more information about childhood cancers, including where to get help and support, we have a specific page on our website https://www.yorkshirecancercommunity.co.uk/childrens-cancer/

Gynaecological Cancer

Cancers that start in the female reproductive system are called gynaecological cancers. These cancer types can affect women, and people assigned female at birth. There are five types of gynaecological cancer; cervical, ovarian, vaginal, vulval and womb cancer.

Not all gynaecological cancers will have symptoms, but things to look out for are unusual vaginal bleeding such as bleeding between periods or after sex or menopause, pain during sex, unusual discharge, feeling full quickly, loss of appetite, pain in tummy or lower abdomen, bloating, needing to wee more often, tiredness, weight loss, changes in bowel habits and sores or lesions in the vulva.

The NHS cervical screening programme invites women between 25 and 64 for cervical screening. Cervical screening is also for anyone in this age range with a cervix, such as trans men and non-binary people assigned female at birth. The cervical screening test aims to pick up changes early that could develop into cervical cancer if left untreated.

For more information on cervical cancer, including where to get help and support, visit our website page https://www.yorkshirecancercommunity.co.uk/cervical-cancer-2/
For information on ovarian cancer, visit https://www.yorkshirecancercommunity.co.uk/ovarian-cancer/
For information on womb cancer, visit https://www.yorkshirecancercommunity.co.uk/womb-cancer/
For information on other types of gynaecological cancers, visit https://www.cancerresearchuk.org/about-cancer/womens-cancer

You can listen to Lisa Robson as she discusses her experience with Ovarian Cancer on our very own YOU CANcervive podcast series at https://www.yorkshirecancercommunity.co.uk/ova-coming-cancer/

Thyroid Cancer

Thyroid cancer is cancer that's found in the thyroid gland. The thyroid gland is a small gland in the front, lower part of your neck. It makes and releases hormones that help with things like your digestion, muscles and heart.

Thyroid cancer is quite rare in the UK. Women are more likely to get it than men.

Symptoms of thyroid cancer include:

- a lump in the front, lower part of your neck – the lump usually feels hard, slowly gets bigger and is not painful
- a hoarse voice
- a sore throat
- difficulty swallowing or breathing
- pain in the front of your neck, or a feeling like something is pressing against your neck.

Thyroid cancer is often treatable. The treatment you have will depend on the size and type of thyroid cancer you have, if it has spread and your general health. It will usually include surgery. It may also include hormone therapy, radioactive iodine treatment, targeted medicines, radiotherapy or chemotherapy.

For more information about thyroid cancer, visit https://www.yorkshirecancercommunity.co.uk/thyroid-cancer/

Urological Cancer

Urological cancers include prostate, bladder, kidney, testical and penile cancer.

Prostate cancer - The prostate is a small gland in the pelvis and is part of the male reproductive system. It is about the size of a walnut, and is located between the penis and the bladder, and surrounds the urethra. In the early stages, there are no symptoms, but we know the risk factors are ethnicity (Black men have 1 in 4 risk), age (over 50) and family history (if a close relative has had prostate cancer it increases your risk). In later stages, the prostate becomes sufficiently large enough to press on the urethra and cause symptoms such as needing to pee more often, straining to pee and a feeling that your bladder has not fully emptied.

For more information, visit our prostate cancer page of our website, at
https://www.yorkshirecancercommunity.co.uk/prostate-cancer/

Bladder cancer - This is where a growth of abnormal tissue, known as a tumour, develops in the bladder lining. Symptoms include blood in the urine, which is usually painless.
For more information, visit the bladder cancer page of our website, at
https://www.yorkshirecancercommunity.co.uk/bladder-cancer/

Kidney cancer - Kidney cancer, also called renal cancer, is a type of cancer that starts in the kidneys. It is most common in people over 60. Symptoms can include blood in your pee, a lump or swelling in your back, under your ribs, or in your neck, pain between your ribs and waist, weight loss, tiredness, a high temperature and night sweats.

For help and support, visit the kidney cancer page of our website at
https://www.yorkshirecancercommunity.co.uk/kidney-cancer/

Testicular cancer - Testicular cancer is most common in men aged 15 to 49, but it can affect anyone who has testicles. Testicular cancer usually only affects one testicle, but it can affect both. Symptoms include a lump or swelling in your testicle, your testicle getting bigger, an ache or pain, your scrotum feeling heavy or hard. Other symptoms can include an ache in your lower back or tummy, weight loss, a cough, difficulty breathing or swallowing, a sore or swollen chest. Testicular cancer is often treatable with surgery, and sometimes also chemotherapy or radiotherapy.

For help and support, visit the testicular cancer page of our website at
https://www.yorkshirecancercommunity.co.uk/testicular-cancer/

Penile cancer - Penile cancer is a rare cancer that mostly affects the skin of the penis and the foreskin. It's very rare and mostly affects men aged over 50 years old. Symptoms include a sore, lump or growth, rash, bleeding, smelly discharge, difficulty pulling back your foreskin, a change in skin colour. Other symptoms may include a lump in your groin, tiredness, tummy pain and weight loss.

For more information visit https://www.nhs.uk/conditions/penile-cancer/

Hereditary Cancer Awareness Week – 28 Sept to 4 Oct

Up to 12% of cancers are linked to inherited gene changes. These are passed to you from your parents. If you have a strong family history of cancer or think you may have inherited any of these gene changes, speak to your GP. They can refer you to a genetic clinic where they can investigate your family history and can offer genetic tests to determine your risk. If your risk is high, you may be able to lower your risk with certain lifestyle changes, regular screening, taking medication or having risk reducing surgery.

BRCA1 and BRCA2 Genes

Everyone has BRCA1 and BRCA2 genes. BRCA stands for BReast CAncer gene, and everyone has them, regardless of gender. These are tumour suppressor genes that stop the cells in our body from growing and dividing out of control. A change in these genes can mean this function doesn't work, allowing tumours to develop which could turn into cancer. Changes to BRCA1 and BRCA2 genes are uncommon (around 1 in 400), but if you are of Ashkenazi Jewish heritage your risk of carrying the BRCA1 or BRCA2 gene change increases to 1 in 40. If you inherit these gene changes, you have an increased risk of developing cancer: -

- **breast cancer** - around 70% of women with a change in BRCA1 or BRCA2 will develop breast cancer, and less than 10% of men with a change in BRCA2 will develop breast cancer
- **ovarian cancer** – around 45% of women with a change in BRCA1 and 20% of women with a change in BRCA2 will develop ovarian cancer
- **prostate cancer** – gene mutations in BRCA1 and BRCA2 increase your risk, but the risk is lower than with breast and ovarian cancer
- **pancreatic cancer** – gene mutations in BRCA1 and BRCA2 increase your risk, but the risk is lower than with breast and ovarian cancer

Lynch Syndrome

Lynch Syndrome (formerly known as hereditary non polyposis colon cancer or HNPCC) is caused by changes in genes MLH1, MSH2, MSH6, PMS2, and EPCAM. It is a hereditary condition that increases your risk of developing **bowel cancer**. Your risk depends on which gene you have inherited and your gender, but researchers have found that: -

- more than 50% of women with Lynch Syndrome will develop bowel cancer in their lifetime
- around 70% of men with Lynch Syndrome will develop bowel cancer

Most people with Lynch Syndrome will develop bowel cancer at a younger age than those who develop bowel cancer and don't have Lynch Syndrome. Lynch Syndrome also increases your risk of developing other cancers, including: -

- **womb cancer**
- **ovarian cancer**
- **stomach cancer**
- **gallbladder cancer**
- **prostate cancer**
- **cancer of the urinary tract such as bladder cancer**
- **brain cancer**

To find out more about hereditary cancers, visit https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/inherited-cancer-genes-and-increased-cancer-risk