Clatterbridge Cancer Charity

Supporter Update 2026

NEW TECHNOLOGY WILL IMPROVE QUALITY OF LIFE FOR PATIENTS

In February 2024 The Clatterbridge Cancer Centre became the first NHS Trust in the country to trial an exciting new technology which aims to reduce the amount of damage caused to nerves by certain chemotherapy drugs. We are delighted to announce that this technology will now be rolled-out across the Clatterbridge network, thanks to your donations.

Certain types of widely used chemotherapy can cause damage to the nerve ending in the hands and feet, with some patients feeling slight numbness or discomfort while others experience burning or severe pain. These symptoms can be long lasting and in many cases are irreversible, leaving many patients unable to achieve everyday tasks long after they had had their final cancer treatments.

The new technology at Clatterbridge, called Hilotherm, seeks to minimise damage to the nerves by cooling the hands and feet during treatment which reduces the flow of the chemotherapy to these areas. The technology itself was first trialled by boxers who were keen to reduce inflammation in their hands after a big fight, but has now been adapted for wider medical use.

Dr Rick Walshaw and his team championed the first use of these machines at Clatterbridge and will be overseeing the use of the 12 units which will now be placed in Clatterbridge clinics at Aintree, Liverpool, Halton, Wirral and St Helens.

He said: “Several chemotherapy drugs can cause peripheral neuropathy. Indeed, it is a side-effect of some of the most common chemotherapy drugs, used for multiple cancer types.

> *We can’t thank the donors enough for putting us in the position to purchase these machines.”*

Rick Walshaw
Consultant Medical Oncologist

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“Peripheral neuropathy can seriously affect patients’ quality of life. A significant proportion can suffer from it years after finishing chemotherapy, even if their cancer is in remission. It can be very stubborn to treat once it has occurred.

It also has a cumulative effect. Therefore, it may not be obvious after the first one or two cycles, but the longer patients take the drug, the more damage it can cause. Currently, if a patient develops peripheral neuropathy during treatment, the dose of oxaliplatin, for instance, must be reduced or even stopped. Potentially, this means we are not going to control the cancer as well.

As doctors we are committed to giving the best possible care that we can for all of our patients, I am absolutely delighted that the charity has been able to fund the purchase of these machines, making Clatterbridge the first NHS Cancer Centre to make this widely available to patients. We believe that these 12 machines will improve the lives of more than 400 patients each year at Clatterbridge.”

Clatterbridge Cancer Charity is delighted to support the implementation of this new technology and hugely grateful to those who have directly supported the appeal for these machines which will arrive in Clatterbridge clinics in the early summer 2026.

“As a nurse specialising in the side effects of cancer treatment, I see many patients every month living with peripheral neuropathy, caused by certain chemotherapies we use to treat breast cancer.

It’s frustrating to see so many patients left with the long term effects of their chemotherapy - having trouble with everyday tasks like buttoning a shirt or being able to put on earrings. It can become a daily reminder of their treatment.

It will be great to see what difference these machines may make to some of our patients - we are so grateful to have the backing of our charity and its donors to achieve this.”

Chelcie Faulkner
Toxicity Clinical Nurse Specialist
Breast Cancer

REVOLUTIONISING SPINAL CANCER TREATMENTS

Thanks to years of work at Clatterbridge by an incredibly committed team, survival for patients with spinal cancer has increased dramatically. Now additional charity funding could help in the next stage improving the lives of those affected.

Cancer that has spread to the spine is known as spinal metastases. Without treatment, spinal metastases can press on the spinal cord, which is made up of nerves that carry messages between the brain and the rest of the body. This is called metastatic spinal cord compression (or MSCC). If it isn't treated quickly, MSCC can lead to serious disability, including permanent paralysis.

Here we meet Kate Lacey who leads the service:

Kate, starting at the beginning, how are patients diagnosed with MSCC?
Unfortunately, many patients come through an emergency department – they present at A&E with mobility issues and will be referred to ourselves with a suspected MSCC. Sometimes they are already undergoing cancer treatment but we frequently encounter patients who are not and it is these patients who find the process so alarming – they entered A&E with a mobility concern and they find out that they not only have cancer but are also at ask risk of paralysis."

How has the MSCC process changed at Clatterbridge?
Five years ago we realised that to help these patients we need drastic change, the average life expectancy was just 30 days after diagnosis with MSCC and the process of treating these patients just wasn't fast or good enough. We needed to change the game – to find these patients at an earlier stage and to streamline the process of how they are treated. We needed to make a plan to start their treatment within 24 hours.

Using this approach we have managed to make huge strides in how we treat MSCC patients.

Kate Lacey
Spinal Cancer Lead

Our work within GP surgeries, A&E and other health settings across the region means that we now have patients referred at an earlier stage before it becomes a medical emergency. And when they are referred, we have the internal structures in place to ensure that a vast majority have their first treatment (usually radiotherapy) within those crucial 24 hours after diagnosis.

All of this together means that average survival has increased from that initial 30 days, to over seven months now and up to two years in some cases."

That is a remarkable difference
It is amazing what has been achieved, we have introduced a quality of life which was unthinkable just a few years ago, we are so pleased but we still have work to do.

The Clatterbridge model has been highly praised by NHS England and is being adopted across the Country. It is fantastic to see that the work we have done at Clatterbridge will benefit patients everywhere."

The Charity is proud to be supporting the next improvement in MSCC care with research funding aiming to develop AI tools which could lead to even earlier detection and treatment of spinal cancers.

Every year your donations fund dozens of projects across Clatterbridge's services - sometimes they are small enhancements to patient care, sometimes they are huge advances in treatment or research. All these projects have one thing in common - they start with an idea for how a patient's life could be improved. We would like to introduce you to a few of the staff whose work will benefit from your funding this year:

Your support has allowed Clatterbridge to invest in a second Surface Guided Radiotherapy system which utilises advanced 3D real time imaging of the patient. This equipment will allow us to treat some patients without them needing a permanent tattoo to guide their therapy, such tattoos we know can cause distress by acting as a permanent reminder of their experience.

Michelle Forshaw, Radiotherapy Expert Practicioner

Myself and Dr Joe Sacco are undertaking research to discover why immunotherapies are effective in treating some patients with uveal melanoma, but not in others. We are so grateful to all those who have supported this three year research project which could be hugely important in making progress for these patients.

Dr Omar Fakih, Oncology Registrar

Our team supports the complex treatments and needs of those with life limiting cancers of the brain. Thanks to donor support, this year we will run our first ever workshop event which will help these patients (and their carers) to connect with each other and support them to manage their own wellbeing and quality of life at such a testing time.

Dr Chloë May, Consultant Clinical Oncologist

Understanding how breast cancer is able to spread to the brain and how we might monitor patients at high risk of this is a crucial step we need to take in tackling the disease. Thanks to donor funding we are now undertaking research to answer these questions for the 60,000 people currently living with secondary breast cancer in the UK.

Dr Talvinder Bhogal, Oncology Registrar

As always we thank you for your continued support of our work. If you would like to discuss your current or future support then please contact paul.winter5@nhs.net