CbD

Event occured on: [redacted]
Created on: [redacted]

Management of patient with Cervical Cancer

[redacted]

[redacted]

Specialty: Clinical oncology
Location: [redacted]

Training grade

MTI

Basis for discussion

Other

Brief description of case including curricula areas covered

This was a 32-year-old woman with FIGO stage IIIC1r squamous cell carcinoma of the cervix. Her diagnosis was confirmed through pelvic MRI, PET-CT, and histology. She was treated with radical external-beam chemoradiotherapy followed by MRI-guided brachytherapy, in line with national and European guidelines.

I met her early in her pathway, when the diagnosis was still very new for her. We talked through what the scans meant, the aim of treatment, and the different parts of her care. I explained the benefits and risks of chemoradiotherapy and brachytherapy, including possible long-term effects and the impact on fertility.

I carried out the target delineation, working with radiology colleagues in the RTQA meeting to get the imaging right, and reviewed the treatment plan carefully to be sure the cancer was fully covered while protecting normal tissues. During treatment, I saw her regularly in clinic, prescribed chemotherapy, and supported her through the side effects. When she developed early hearing problems from cisplatin, I arranged an urgent audiology review and worked with pharmacy and the wider oncology team to adjust her chemotherapy without delaying treatment.

I also coordinated the logistics for brachytherapy, organised her MRI, and assisted the consultant during the applicator insertion. Throughout, I worked closely with our CNSs , radiographers and the brachytherapy team, making sure she always knew what was happening and why. At the end of treatment, I wrote to her GP with a clear summary and follow-up plan. She completed treatment without any unplanned breaks and later gave me a card that said, “The world needs more people like you,” which was my first thank-you card since relocating to the UK.

Trainee Comments

You should include any comments on the assessment carried out and your own performance before you submit your request to your chosen assessor.

Once your assessor has completed and submitted the assessment it will be closed and placed in your timeline as complete.

Trainee's comments - comment on your performance and any action required

This case gave me the opportunity to be involved in every stage of a patient's cancer journey—from first conversations about the diagnosis to the final brachytherapy session and handover to primary care. It tested my ability to combine technical planning skills with day-to-day patient care. I was able to use imaging and pathology to confirm staging, choose the most appropriate treatment, and adapt the plan when unexpected toxicity developed.

Managing the ototoxicity was a key learning point—it required quick action to get an audiology assessment, clear explanation to the patient about her options, and collaboration with pharmacy and oncology colleagues to switch her chemotherapy while still aiming for cure. I saw how much it helped the patient to have continuity in her care—seeing the same face and hearing the same clear explanations at each stage built trust and reassurance. Working alongside CNSs, pharmacy, and radiology reinforced the value of good communication within the team. Finally getting a thank you card meant a lot to me and the team.

Reflection

This case highlights that delivering high-quality cancer care relies equally on technical precision, proactive toxicity management, and consistent patient support. Early involvement of the MDT and careful RTQA processes ensured the treatment plan was both effective and safe, while rapid action in response to emerging ototoxicity preserved the curative intent without compromising timelines in patients with category 1 tumours.

I also recognised how valuable it is for patients to have continuity in their care. Being present at each stage, explaining changes clearly, and responding quickly to concerns built trust and helped the patient remain engaged with her treatment despite side effects. This experience has strengthened my commitment to ensuring patients have a clear, familiar point of contact throughout their pathway.

Learning/ Action Points:

1) Streamline consent process using a check list to provide comprehensive information to patients..
2) Continue to integrate holistic care—addressing lifestyle, psychosocial needs, and clear communication—into every stage of treatment planning and delivery.

Attach files

Name	Actions
Card 2.jpg JPEG IMAGE	
Card 1.jpg JPEG IMAGE	

[redacted]

[redacted]

Specialty: Clinical oncology
Location: [redacted]

Assessor's Name

[redacted]

Assessor's role

Consultant

Case complexity

Moderate

Assessor's comments

Please state areas of good practice and areas for development

What was done well:

Retrospective case from 2022
Clinical notes reviewed to aid this assessment.

[redacted] provided clear and consistent explanations to the patient.
[redacted] provided patient centred care and was attentive to the needs required to support this patient through her treatment.

Careful assessment of toxicity relating to treatment was undertaken and ototoxicity with loss of hearing identified. This was acted on promptly with a referral to audiology and a change in chemotherapy.

[redacted] was also involved in the radiotherapy planning of this case and working with the wider MDT. Review of the contours with radiology to ensure accurate volume delineation.

This patient required additional support as she was needle phobic and needed smoking cessation advice.

[redacted] developed rapport with the patient and she was grateful for the care provided - as evidence with her thank you care.

What are the suggested areas for development:

At the time to continue to gain experience in the management of more complex gynaecology - clinical oncology patients.

Agreed action plan

To continue to provide patient centred care with a holistic approach.

Entrustment Level

Level 4 - Entrusted to act unsupervised

Assessor's declaration

By submitting this form you are agreeing that you discussed the case(s) described

Attach files