

**Meeting of the South West Academic Gynae-Oncology Group for Education and Research  
(SWAGGER)**

**Friday 12<sup>th</sup> October 2018, 10:00-13:30, Jurys Inn, Western Way, Exeter, EX1 2DB**

**This meeting was sponsored by AstraZeneca, Kyowa Kirin and Stryker**

**Chair: Claire Newton (CN)**

**NOTES**

(To be agreed at the next SSG meeting)

**ACTIONS**

**1. Welcome and apologies**

Please see the separate list of attendees and apologies uploaded on to the South West Clinical Network website [here](#).

**2. Review of previous meeting's notes and actions**

As there were no amendments or comments following distribution of the notes from the SWAGGER meeting on Friday 13<sup>th</sup> October 2017, the notes were accepted.

**3. Update on the management of malignant vulval melanoma cases in South West England**

The audit of malignant vulval melanoma cases presented at the last SWAGGER meeting had been submitted to the International Journal of Gynaecological Cancer. It was not published on this occasion, and the comments received will be used to revise the paper prior to submitting it again for publication in the near future. SWAGGER members were thanked for their contributions towards this, and it is hoped that SWAGGER can collaboratively provide data for another publication in the near future.

**CN**

**4. 100,000 Genomes Project and Mainstreaming Genomic Testing**

**Please see the presentation uploaded on to the SWCN website**

**Presented by Tracie Miles (TM)**

The 100,000 Genomes Project, which involved recruitment of women with ovarian and endometrial cancer along with other cancers, is due to close to recruitment at the end of December 2018. This provided an avenue for the identification of BRCA mutations, and several of the women recruited have since been prescribed PARP inhibitors. A recently published National Genomic Test Directory lists BRCA for ovarian cancer as one of the test types that will be funded from the 1<sup>st</sup> April 2019 by NHS England, and so processes need to be put in place to enable the test to be mainstreamed into standard practice.

From the 1<sup>st</sup> October 2018, 7 Genomic Laboratory Hubs (GLHs) have been commissioned across the UK. North Bristol Trust, in collaboration with Royal Devon and Exeter, will provide the genetic testing service for the South West region. The Genomic Medicine Centres will support the transition from a project

to clinical practice.

A return of results pathway is being developed to ensure that any actionable findings are returned to the patient's MDT in a timely manner to assist clinical decision making. TM is funded as a Genomic Practitioner for legacy support until March 2019 to provide practical assistance with setting up the process, and will be visiting MDTs to agree the most useful format for provision of the results.

**TM**

The responsibility for ordering genetic tests may shift towards CNSs. An education package on genetic counselling and informed consent for genetic tests will be provided. Patients with certain complexities will need to be referred to the genetics services.

**TM/Genetics  
Service**

It was noted that Royal Devon and Exeter Trust have already mainstreamed provision of the test. Information on the processes involved will be shared.

**RD&E CNS  
team  
HD**

Details of a South West Genomics Education Day organised by Carole Brewer will be circulated.

## **5. Patient and public involvement (PPI)**

### **Presented by Christine Teller (CT)**

As a public representative member of the SWAG Cancer Alliance (CA) Board together with representative Jenny Hepworth from Gloucestershire, and as User Representative member of the SWAG Gynae SSG, Christine Teller (CT) is happy to be contacted by members of the group if they feel she could assist them with anything; the CA Board convenes every three months.

Gynae-oncology CNS Katy Horton-Fawkes (KH-F) has recently been appointed as the PPI Lead for the SWAG region, and has recruited current patients to a patient involvement group. CT has a mentoring role supporting the Lead. It became apparent at an NHS England PPI Workshop, held in August 2018, that many of the other CAs are far better resourced with PPI staff than the SWAG CA.

CT also sits on the Bristol North Somerset, South Gloucestershire (BNSSG) working group, and recently participated in the evaluation of bids for funding Living With and Beyond Cancer (LWBC) activities, and also sits on the Acute Oncology Service Group in North Bristol Trust. Public contributors across the region are keen to work in partnership with health care professionals to ensure that the public have a voice in the development of health services.

## **6. Highlights from the International Gynaecologic Cancer Society 2018: Kyoto**

**Please see the presentation uploaded on to the SWCN website**

### **Presented by David Milliken (DM)**

Results from the Phase III randomized trial of laparoscopic or robotic versus abdominal radical hysterectomy in patients with early-stage cervical cancer: LACC Trial, shows disease-free survival at 4.5 years for minimally invasive radical

hysterectomy (for early stage cervix ca) as inferior in comparison with the open approach, and associated with higher rates of loco/regional recurrences.

This was an unexpected outcome that would shift the focus from improving surgical outcomes via minimally invasive procedures, an initiative that has had a considerable amount of training, time and equipment invested in it, to improving oncological outcomes.

A national database for gynae-oncology cases is required to audit the oncological management and inform clinical practice.

## **7. Regional outcomes for surgical management of early stage cervical cancer**

**Please see the presentation uploaded on to the SWCN website**

**Presented by Sarah Coleridge (SC)**

In light of the currently unpublished findings from the LACC trial, an audit of SWAGGER data on laparoscopic versus open radical hysterectomy outcomes for early stage cervix cancer was undertaken to see if the results could help the group come to a consensus on what information to provide for women who are about to undergo the procedure.

Data was received from Bristol, Devon, Gloucestershire and Somerset. Inclusion and Exclusion criteria and results are documented within the presentation. The regional data did reflect the results from the LACC trial, but not to a significant degree. More data was required on open cases, but many centres had not performed open radical hysterectomies for years.

In Europe, centres have already changed to the open procedure following the results of the trial, which was considered well designed and gold standard evidence.

It was agreed that the results of the LACC trial are to be discussed with patients scheduled to undergo radical hysterectomy, and the open procedure will be offered. A SWAGGER patient information leaflet will be drafted to assist with the informed consent process. It was recognised that some patients may prefer to choose the minimally invasive option due to the quicker recovery time.

**AGREED  
SC**

The surgical team will collect prospective data on all radical hysterectomies for review at a future meeting.

**Date of next meeting: Friday, 11<sup>th</sup> October 2019, Taunton, venue to be confirmed**

**-END-**