Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance

Meeting of the SWAG Network Breast SSG

09:30-13:30, Friday 2nd February 2018, Penny Brohn Cancer Care, Pill, BS20 0HH

This meeting was sponsored by AMGEN, ASTRAZENECA, PFIZER PHARMACEUTICALS and ROCHE

Chair: Professor Mark Beresford (MB)

	NOTES (To be agreed at the next SSG Meeting)	**ACTIONS**

1. Review of last meeting notes and actions

As there were no amendments or comments following distribution of the notes from the meeting on 30th June 2017, the notes were accepted.

It was noted that there were no representatives present from radiology or pathology; attendance will be encouraged prior to the next meeting. **HD**

Actions:

Use of adjuvant bisphosphonates – development of a patient information leaflet: Use across the region varied; guidance from NICE was pending. Patient Information Leaflets have been developed by the Sheffield team. These will be circulated and the action will remain open until a regional approach can be determined.

Implementation of Cancer Research UK Multi-Disciplinary Team (MDT) Recommendations: There had been some concern that streamlining MDT discussions can result in missed actions, resulting in additional work outside the MDT. The North Bristol Trust MDT discussed 120 patients yesterday, prompting the question of whether it would be possible to split the meeting over two separate sittings.

Professor Martin Gore from the Royal Marsden has been tasked with transforming cancer MDTs across England and he has been asked to provide advice on the practicalities of streamlining the activity to make it more cost effective while ensuring that the MDT remained a safety net assuring appropriate patient management.

The MDT's comprehensive data collection would need to be replicated in the cancer register for those patients deemed appropriate for registration without full MDT discussion.

It was recognised that more metastatic patients need to be reviewed by the MDT; a secondary radiology review was an important requirement in these cases. In order to allow for a feasible discussion of relevant patients, the Metastatic CNS in Taunton reviews imaging reports prior to the MDT to screen out those with stable disease and ensure that scans with any queries are reviewed.

2. Service development

2.1 UK Breast Cancer Group (UKBCG)

Please see the presentation uploaded on to the SWCN website

Presented by Mark Beresford (MB)

The charity group UKBCG for oncologists, now in its 4th year and Chaired by MB, has recruited over 200 members, representing 80% of the people treating breast cancer in the UK. The group is recognised as a major stakeholder in the development of national guidelines by working with NHS England, NICE, Breast Cancer Now, research groups (NCRI etc.), and industry. An annual UKBCG meeting, typically held in November, promotes discussion and collaboration between oncologists via clinical and practical lectures and debates.

The group recently challenged the decision by NICE to withdraw the Oncotype DX testing, having decided that it was not cost effective or of significant value as a predictive indicator. UKBCG rapidly conducted a survey of its use. This received 75 responses, of which 100% recommended continued access to the test. Feedback was sent to NICE, demonstrating how the test was being used to inform chemotherapy (CT) prescribing, reducing the need for CT in up to a third of patients and recognising the need to increase CT in 15-20%. Provision of the test is now being reassessed and it is hoped that this will be made available at a reasonable cost; it was noted that the current tests available are all overpriced.

A more cost effective test is being trialled by the Marsden, but has yet to be ratified for widespread use. An update on the test will be given at a future meeting once quality assurance has been completed. **MB/HD**

2.2. 100,000 Genomes Project and mainstreaming genomic medicine

Please see the presentation uploaded on to the SWCN website

Presented by Catherine Carpenter-Clawson (CC-C)

The West of England GMC received their first result for a cancer patient this month. Many interesting results have been returned for patients in the rare disease arm of the project, which is closing to recruitment in the near future.

At a meeting in December 2017, an update was provided on national recruitment to date as documented in the presentation. The recruitment of cancer patients is currently under target due to the complexities involved in processing fresh tissue. Ultimately, the aim would be to open the pathway in all hospital sites for each disease type.

National results have shown that 65% of cases processed to date have gene variations with actionable significance.

A process of re-procurement commenced in December 2017 aiming to establish

seven nationally commissioned Genetic Laboratory Hubs (GLH) by October 2018 , when it is planned to transition whole genome testing from a project to standard care in the next 5-10 years.

A tailored directory of molecular markers that can be used to inform diagnosis, prognosis, and treatment decisions, will be developed and opportunities for clinical trials explored. Areas where further evidence on whole gene sequencing is required will be identified and patients consented accordingly.

It is hoped to reduce the turnaround time for results to 20 days. Online training is available; for more information on this and any other queries, please contact CCC: 07732 561067, Ubh-tr.wegmc@nhs.net.

A return of results workshop will be held in the next few months. Letter templates are being developed for those patients where a gene variant has not been found. Where results are positive for gene variations, the results will be sent via the MDT. The difficulty of communicating results of gene variations with unknown significance was recognised; advice will be sought from clinical geneticists and by public engagement.

Details of a genetic counselling education day, due to be held in Brighton in May, will be circulated.

2.3 UK Interdisciplinary Breast Cancer Symposium

Please see the presentation uploaded on to the SWCN website

Presented by Mike Shere (MS)

The inaugural UK Interdisciplinary Breast Cancer Symposium, organised by Professor Mitch Dowsett of The Royal Marsden, and sponsored by Breast Cancer Now, was held in Manchester in January 2018. It is anticipated that this will become a biennial event; positive feedback was received from attendees.

A summary of the talks on the following subjects is documented in the presentation:

- POETIC Trial - Ki67 was found to be a useful prognostic indicator
- POSH Study - survival outcomes did not differ between gene and non-gene mutation carriers
- OlympiAD trial - Olaparib can reduce the risk of progression
- REACT trial - no difference was found between the two groups that were randomised to receive either Celocoxib or a placebo
- Professor Jack Cuzick, on risk reduction, including relative reduction related to aspirin
- Generations Study – showed that the age at thelarche more important than menarche
- Gene testing – the turnaround for genetic test results was 12 weeks in Bristol compared with 2 weeks in the Royal Marsden and reconfiguration of the service was planned. Consultant Geneticist Alan Donaldson (AD) will be invited to the next meeting **HD**
- Lobular cancer – long term prognosis is worse after 5 years

- Pre-operative MRI for ductal carcinoma in situ is not associated with improved surgical outcomes.

3. Network Issues

3.1 Provision of Breast Cancer Surgical Services

The document *Clinical Advice to Cancer Alliances for the Provision of Breast Cancer Services*, produced by the Breast Cancer Clinical Expert Group (August 2017), recommends that 'all patients having breast conservation or reconstruction should have the option of contra-lateral symmetrisation surgery, either simultaneously or as a second procedure, as well as any other secondary procedures to optimise outcomes where appropriate [...] without time restrictions'. Currently, this is not offered with parity across the region, with restrictions being present in the Somerset area. A letter will be written to the Cancer Alliance to request that the service variation is addressed. **MB/HD**

4. Living with and beyond cancer (LWBC)

4.1 LWBC Transformation Funding

Please see the presentation uploaded on to the SWCN website

Presented by Catherine Neck (CN) on behalf of Dorothy Goddard

The National Cancer Transformation Board has awarded transformation funding for two years to the South West Cancer Alliances (CA), to increase roll out of the Recovery Package. Funding will be used to recruit Cancer Support Workers to assist with delivery of Holistic Needs Assessment (HNAs) and Health and Wellbeing activity, development of a Digital Patient Information Portal and of the Somerset Cancer Register (SCR)/ Infoflex to support data collection, implementation of a psychological training programme for all relevant MDT members, improvements in quality for primary care support, and enhancement of cancer rehabilitation services.

The Clinical Lead for the LWBC working group is Dr Dorothy Goddard. Further details on the governance of the project and structure of the Cancer Alliance are documented within the presentation.

The LWBC working group has been instructed to implement risk stratified pathways for breast cancer by the end of year one. These have already been ratified by the SWAG Breast SSG in 2017; it is now necessary to ensure that all teams are following the guidelines to achieve the associated metrics and secure the available funding.

Breast Cancer Treatment Summary Templates, developed at the request of General Practitioners due to the need to keep them up to date on the evolving requirements of cancer treatments, are also available on the website for use post chemotherapy, radiotherapy, surgery, and for metastatic breast cancer. Use of the templates varied across the region, with some centres preferring to send end of treatment clinical letters. Weston find it time saving to use the templates, and Gloucestershire have decided to use a combined one as an alternative; there will be quality metrics

associated with completing the templates.

Changes have already been made to the SCR to incorporate the HNA and some of the other metrics. It is hoped that the SCR, which is also accessible to GPs, can be adapted in a more timely way, now that the SWAG Cancer Alliance has taken a national lead on its development.

Work is underway to identify a provider to develop the Digital Patient Portal in a similar format to the Teenage and Young Adult *I Am* system. This will give patients access to health and wellbeing information, online HNAs, and ideally link with hospital information systems so that patients can see their appointments and other relevant information.

Interviews for 5 Band 4 Support Workers in NBT will be taking place on Monday. Once in post, it is hoped that they will be able to assist with the CNS workload balance, which has been difficult to manage.

Project Management support will be made available in Trusts to establish the most beneficial processes for individual centres.

4.2 Holistic Needs Assessments

The National Board have decided to collect metrics on the provision of two HNAs for patients; one within 31 days of diagnosis, and one within 6 weeks of completing treatment. The SWAG LWBC working group advised the national team that the 31 day target might not be the most effective time for a patient to have a full HNA. This is now an essential, unchangeable target to secure funding and, while the early HNA was not formally completed, the CNS team do informally discuss needs at that point in the pathway; tools to capture this discussion will be developed and ratified by the LWBC working group. There are fields within the SCR that can be used to record if an HNA has been offered and declined. The targets will not commence on Day 1, but would be assessed at the end of Years 1 and 2. The take home message is to gain recognition for work that is already being completed.

5. Clinical guidelines

5.1 No Fluorouracil in FEC

Please see presentation uploaded on to the SWCN website

Presented by Abigail Jenner (AJ)

An internal audit of severe chemotherapy complication rates in early breast cancer, undertaken at the Royal Marsden, concluded that removing Fluorouracil from the FEC regimen would significantly reduce side effects. The data was submitted as a poster to a national conference and subsequently won a prize. As a result, several centres have changed practice; this was being considered by the team in RUH until further information was sought, as documented in the presentation; this revealed that there was insufficient evidence to warrant changing current practice.

6. Research

6.1 Clinical trials update

Please see presentation uploaded on to the SWCN website

Presented by David Rea (DR)

Recruitment figures (sourced from EDGE), open trials and trials in set up are documented within the presentation. A spreadsheet of all the trials available across the region will be distributed. It was increasingly important to demonstrate that the NHS can conduct effective research to be eligible to open trials run by the pharmaceutical industry, by reducing study set up time and recruiting within estimated times and to target. It would be ideal if expressions of interest for rare cancers could be formulated as a network group. Recruitment could then be sourced from across the region and the centres in which they open could be rationalised.

The recruitment target per 100,000 population for breast cancer is 8; this will increase by 10% year on year. Recruitment on time to target has improved over the last 12 months due to improved data ratification processes.

SSG members can contact DR if they would like to undertake training on use of the online resources for research; links to these are available in the presentation.

Information on open trials including eligibility criteria will be made available on the SWCN website for review within the MDT.

It was noted that recruitment to The Spire Hospital was included in the Breast SSG data, as this was registered as a site for patients from North Bristol Trust.

There is a national consultation looking for feedback from research centres on the clinical trials where participation was prevented due to excess treatment costs. Results could potentially change how funding for research is managed; feedback will be provided at a future SSG meeting.

Principal Investigators of research trials will be invited to promote their research projects at future SSG meetings. SSG members are encouraged to consider referring patients POSNOC - A Trial Looking at Axillary Treatment in Early Breast Cancer (POSNOC). **DR/HD**

7. Patient experience

7.1 Late effects rehabilitation service

Please see presentation uploaded on to the SWCN website

Presented by Lucy Cooper (LC)

The Complex Cancer Late Effects Rehabilitation Service (CCLERS) is a new national specialist rehabilitation service for people experiencing unresolved persistent pain, and reduced physical function, due to the consequences of treatment for cancer of any tumour site. CCLERS is funded by NHS England and managed by RUH; it will be moving in to a new building in Bath in Spring 2019.

CCLERS builds on the success of the Breast Radiation Injury Rehabilitation Service (BRIRS), using a similar model of CNS triage, MDT assessment (where any patients who are unsuitable for further support will be signposted to other services) and a 2 week residential course.

The MDT clinic is held on a Thursday and assessment includes input from a Consultant Psychologist, Occupational Therapist, Physiotherapist and Pain Specialist.

The project is in the early stages and will be publicised to pain services and consultants in the near future.

It was noted that patients should always be fully informed about potential brachial plexus damage before treatment.

Referral criteria:

CCLERS

- 12 month post cancer treatment
- Chronic pain
- Reduced limb function
- Psychological distress
- Considered to be complex by local / regional pain services.

BRIRS

- 12 month post cancer treatment
- Brachial Plexus Injury following radiotherapy treatment for breast cancer
- Chronic pain
- Reduced upper limb function
- Psychological distress.

8. Any other business/date and configuration of next meeting

A national breast cancer awareness campaign focusing on women over 70 will run from Thursday 22nd February 2018 until the end of March 2018.

Attendance at SSG meetings should be supported by individual Trusts, including reimbursement of travel expenses; the Cancer Manager at Yeovil District Hospital will be contacted to relay this message to relevant service managers. **HD**

It was agreed that the Breast SSG will continue to convene in person every six months.

Date of next meeting: Friday *To be Confirmed* 2018

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