Meeting of the SWAG Network Breast SSG

09:30–13:30, Friday 13th July 2018, Apex City of Bath Hotel, James St West, Bath BA1 2DA

This meeting was sponsored by AMGEN, ASTRAZENECA, CHUGAI, NOVARTIS and ROCHE

Chair: Dr Mark Beresford (MB)

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

1. A word from our sponsor

Breast cancer is ever increasingly diagnosed at an early stage due to initiatives encouraging people to self-examine, and screening programmes; surgical and systemic treatment is increasingly effective at eradicating the disease. However, results from a 10 year follow up study show that there is still room for improvement of the relapse rates for those patients with a positive human epidermal growth factor receptor 2 (HER2) status. This is most commonly managed by treatment with Herceptin, although now an additional targeted therapy, Pertuzumab, may be licenced for use by NICE in the adjuvant setting for 1 year, irrespective of the timing of surgery, for patients with a high risk of recurrence.

Results of a large randomised controlled trial have shown that Pertuzumab in combination with Herceptin and chemotherapy reduced recurrence to 19%. There was also a significant risk reduction for node positive patients; funding for this cohort of patients might be available from September, meaning that it could be available in time for patients who are currently on neoadjuvant treatment.

Rationalising capacity by use of subcutaneous Herceptin is being explored.

2. Review of last meeting notes and actions

As there were no amendments or comments following distribution of the notes from the meeting on 2nd February 2018, the notes were accepted.

Actions:

Genomic Medicine: An update from the Genomic Medicine Centre will be requested for the next meeting.

Network audit - production of a protocol to audit the management of the axilla: Consultant Breast Surgeons Zenon Rayter (ZR) and Richard Sutton (RS) will collaborate to define the audit protocol, which will look at preoperative ultrasound reports and subsequent management of the axilla. This will be circulated for completion in each centre; surgical trainees will be asked to assist with the data collection. **ZR/RS**

Retrospective completion of HER2 results on the Somerset Cancer Register: The importance of recording HER2 results to assist with clinical decision making within the MDT was emphasised. The teams in RUH Bath, North Bristol and Weston have a process in place to ensure that results are recorded on the Somerset Cancer Register when they

become available.

HER2 testing policies were thought to impose age restrictions in some centres outside the SWAG region. It would be more appropriate to restrict the test by looking at a comorbidity index to assess a patient's suitable for chemotherapy.

Commissioning of symmetrising surgery: Symmetrising surgery is not offered with parity across the region, with restrictions being present in the Somerset Region. When raised with the Cancer Alliance Board they agreed to challenge the decision not to fund the surgery made by the Somerset Clinical Commissioning Group (CCG) and a letter was sent to this effect by the Breast SSG Chair and CA Clinical Lead. In response, the CCG cancer commissioner has decided to review this policy at a forthcoming Clinical Executive Committee meeting. The issue will be kept on the SSG agenda until equity of practice and compliance with national guidance is achieved.

3. Clinical guidelines

3.1 Patients with early breast cancer and asymptomatic for metastatic disease: do they need staging investigations?

Please see the presentation uploaded on to the SWCN website

Presented by Thomas Wells (TW)

Staging early breast cancer can provide additional information on prognosis and can be useful when tailoring treatments, but the additional investigations increase costs and can increase patient anxiety due to the pick-up rate of indiscriminate artefacts that then require additional monitoring. Evidence from 4 key studies on different staging investigations, documented in the presentation, was discussed to guide a local approach.

It was concluded that postoperative staging was not recommended for Stage I and II disease, although a bone scan may be appropriate for Stage II patients in some cases. The evidence on the imaging modalities for assessing Stage III disease was considered out of date. A network audit, to be carried out over a 12 month period to assess the pick-up rate of metastatic disease using current imaging modalities, and subsequent management benefits, is recommended and will be coordinated by TW. **TW**

3.2 Risk reducing surgery guidelines/CCG funding for ongoing reconstruction

Wiltshire and Bath and North East Somerset (BANES) Sustainability Transformation Partners (STPs) have worked in partnership to produce a clear and fair Breast Reconstruction Post Breast Cancer & Risk Reduction Surgery Policy. Bristol North Somerset and South Gloucestershire (BNSSG) agreed a similar policy in May 2018.

The policy states that patients treated with surgery will be provided with reconstruction surgery in line with national guidelines with no restrictions for up to 5 years post diagnosis, including one symmetrising surgery to the contralateral breast. After 5 years, an individual funding request would be required.

Advice on when to offer risk reduction surgery is also included; the document will be

shared with the Somerset CCG. **HD**

Advice on the psychological aspects of offering risk reduction surgery had been provided at a recent meeting in Bristol. Guidelines can be found here.

It was noted that nipple tattooing, carried out at an outpatient appointment, was not included in the funding proposal.

In the event that a patient has a ruptured implant, for example 20 years after insertion, it is recommended that a written request for funding for the procedure, should be sent to the CCGs.

4. Patient experience

4.1 'Moving On' days

Please see the presentation uploaded on to the SWCN website

Presented by Samantha Boland (SB)

SB is one of the newly appointed Cancer Support Workers (CSW), employed in RUH Bath, to assist the Clinical Nurse Specialist (CNS) teams with implementation of the Recovery Package. Organisation of Health and Wellbeing events is a key component, and the RUH Bath 'Moving On' all day events, held 3 times a year, provide information to assist patients with living well with and beyond their cancer treatment. Talks are provided by a range of health care professionals, including Consultant Psychologist Mike Osborne. Please see the presentation for further details. The events, which are continually evaluated and improved according to advice from patients, receive positive feedback, with many people finding it beneficial to speak with those who have been through similar experiences.

The events are not targeted towards patients with metastatic disease. There is regional work underway to look at providing support events tailored to the needs of people in poor prognostic groups.

5. Living with and beyond cancer (LWBC)

5.1 Somerset Cancer Register (SCR) LWBC update / remote monitoring

Presented by Hazel Lear (HL)

The SCR is developing three key areas to support monitoring and submission of LWBC activity:

- CNS Enhancements: Details on the completion of Holistic Needs Assessments, related care plans, treatment summaries and Wellbeing events can be recorded on the CNS contact page and exported to Excel after the autumn 2018 update. It will be possible to distinguish between activity recorded by the CNS or CSW

- PSA / Breast / Colorectal Trackers: The capacity to add follow up events, such as

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information on mammogram screening, will be available after the autumn 2018 update

- Remote Monitoring: A separate system is being developed for remote monitoring of breast cancer patients prior to rolling out to colorectal, urology and other cancer sites. This will interface with the SCR and other hospital information systems. Future releases will have the facility to send alerts for overdue tests and results outside normal ranges to designated emails, or mobile phones as text messages. Template letters and reports will be generated, and a portal for patients to view their reports and results will be made available by 2020. **HD**

A draft mock up for the system will be circulated to SSG members for their opinions/feedback. **HL/DG**

HL will liaise with Dorothy Goddard (DG) to arrange for a presentation on the remote monitoring system at the next SWAG Cancer Alliance LWBC Working Group.

5.2 LWBC update

Please see the presentation uploaded on to the SWCN website

Presented by Dorothy Goddard (DG)

National Cancer Transformation Funding (CTF) has been granted to the SWAG Cancer Alliance to address the increasing demand and unmet needs of people living with and beyond cancer via implementation of the LWBC recovery package. The sum of 3.5 million will be distributed across the region to deliver the following over a 2 year period:

- Holistic Needs Assessments within 31 days (format to be defined) and 6 weeks post-acute treatments (delivery monitored by the national team for breast, colorectal and prostate)
- Treatment Summaries for General Practitioners (GPs) and Patients (including a summary at the end of each treatment modality to flag warning signs and subsequent actions)
- Health and Wellbeing Events/Programmes (when they occur in the pathway and how these are delivered in terms of generic or site specific formats may vary)
- Cancer Care Reviews in Primary Care
- Stratified Follow Up Pathways: For Breast, Colorectal and Prostate, agreed by the SSGs.

Continued receipt of CTF, much of which is used to fund CSW posts, is reliant on meeting the objectives associated with the project, as detailed in the presentation. A sustainable model for continued commissioning of the project is being developed at the same time.

Research undertaken by Macmillan on the areas of concern identified via completion of HNAs has shown that the majority of concerns are related to physical conditions, and the process of talking through the HNA is highly valued by patients. A pragmatic approach to the timing and frequency of HNAs is required, as this may differ according to patients' individual circumstances.

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It is essential that the project is evaluated by gathering feedback from patients and staff to ensure that the content and timing of LWBC activity is optimised.

A local case study of a patient discharged from the breast service without access to the elements of the recovery package gave a sobering example of the detrimental effect of not receiving appropriate advice at the end of treatment. This resulted in ongoing issues that could have been resolved and multiple appointments that could have been avoided if a HNA, Wellbeing Event and End of Treatment Summary had been provided.

6. Network issues

6.1 Inquiry into geographical inequalities and breast cancer

Please see the presentation uploaded on to the SWCN website

Presented by Mark Beresford (MB)

The SWAG Cancer Alliance received the following recommendations from an All-Party Parliamentary Report, published in February 2018, to address geographical inequalities in breast cancer:

1. National and local workforce planning is essential

Health Education England and all Cancer Alliances should urgently ensure that there are enough healthcare professionals to deliver high-quality and timely diagnosis, treatment and care to local women.

2. New NHS structures need to improve the consistency, transparency and accountability of cancer services

NHS England should work with local NHS bodies to enable women with breast cancer to benefit from access to treatment and care at a price the NHS can afford. This includes medicines, measures to preserve patients' fertility, appropriate breast reconstruction services, and psychological support.

3. Effective collection and use of data will drive service improvement

NHS England should work with local NHS bodies to collect data and use it to improve the services they provide. They should compare their performance to other areas and share ideas that have successfully improved breast cancer care in their area. Local healthcare providers should also use data about their populations to make sure they are offering the services that are needed in order to swiftly prevent, diagnose and treat breast cancer.

The recommendations are in line with the priorities continually escalated by the Breast SSG.

The SWAG service is performing well or working towards the themes raised in the document *Clinical Advice to Cancer Alliances for the Provision of Breast Cancer Services* (Breast Cancer Clinical Expert Group, August 2017), as detailed in the presentation. **HD**

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There was some variation over the provision of adjuvant bisphosphonates, although evidence of the benefits was not clear cut. Network pharmacists will be contacted to resolve any disparities.

Open access to follow up will be easier to manage once patients with metastatic disease have equity of access to a CNS. In RUH Bath, this will be resolved in the near future with the imminent appointment of a metastatic CNS. Lead Cancer Nurse Belinda Ockrim emphasised that CNS teams across cancer sites are expected to provide care for patients with metastatic disease whose primary cancer is under their remit.

6.2 Cancer care and multi-disciplinary team meetings

The following points were summarised from a webinar on Cancer Care and MDT reforms, hosted by Professor Martin Gore:

- Streamlining MDTs should accommodate the needs of radiology and pathology colleagues
- The key to streamlining is teamwork
- Teamwork in MDTs can be measured, assessed and improved; there are 3 validated tools that can be used for this purpose
- Training is required to use the tools to assess MDT performance
- The quality of decision making has been shown to drop dramatically if the number of patients discussed exceeds 20 or 1 hour of discussion
- Introduction of a 10 minute break in the MDT has been shown to bring balance to the quality of decision making and reduce the overall time of the meeting.

The webinar is available via this link:
https://attendee.gotowebinar.com/recording/5671196705207718915
(this may need to be forwarded to a non-NHS computer login for it to open).

A meeting of the SWAG Cancer Clinical Leads will be held on Monday 16th July 2018 to identify a possible 3 or 4 MDT reforms for agreement and implementation across the region.

7. Research

7.1 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. The recruitment target per 100,000 population for breast cancer is 10. Recruitment to date has exceeded the expected target.

Recruitment to time and target for cancer studies has improved, resulting in a slight increase in income to the network from the National Institute for Health Research (NIHR).

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The metrics for measuring performance are being revised and may provide ways to recompense research activity according to the burden of disease type.
Principal Investigators have been invited to use the research section of the SSG meetings to launch new or promote existing trials. Information on open trials and those in set-up is available on the SWCN website here to view within MDT meetings. In addition, there is a list of trials available to open in new sites documented within the presentation. SSG members are to contact Portfolio Facilitator Jessica Bartlett if they are interested in opening any of these trials, who will make enquiries on their behalf: jessica.bartlett@nihr.ac.uk

The cancer arm of 100,000 genomes project was added to the research portfolio in January 2018; recruitment will end in September.

It has been difficult to recruit to the POSNOC trial due to the restriction it places on patient choice. High recruiting centres will be contacted to ask to share their practice. **DR**

Details of the OPTIMA trial will be presented at the next meeting. SSG members will consider expressing an interest in clinical trials with a combined network wide recruitment target to improve the possibility of opening commercial trials within the region. **MB**

Date of next meeting: To be confirmed

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