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

Meeting of the SWAG Network Skin Cancer Site Specific Group (SSG)

Wednesday 23rd May 2018, 09:30-13:30

Penny Brohn Cancer Care, Chapel Pill Lane, Pill, Bristol, BS20 0HH

This meeting was sponsored by AMGEN and MERCK

Chair: Mr Ewan Wilson (EW)

NOTES **ACTIONS**

(To be agreed at the next SSG Meeting)

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 last meeting's notes and actions

As there were no amendments or comments following distribution of the minutes from the meeting on the 13th September 2017, the notes were accepted.

Actions:

Advice and Guidance Teledermatology: Progress has been made with developing the service in UH Bristol, and it is now being extended to Somerset. Results from assessment of one session showed that 50% of patients could be managed using teledermatology alone, and the other 50% required further investigation; viability of the model is being assessed.

The feasibility of piloting the service in NBT and GLOS has been put on hold due to current restructuring priorities.

Teledermatology is not a substitute for two week wait referral process, which delivers high quality images and past medical history, provided by the medical illustration service and Clinical Nurse Specialist reviews, using a proforma developed for this purpose. Teledermatology screens out benign pigmented lesions, and relies on the GP having access to a dermatoscope; these are available in all General Practitioner (GP) surgeries in the Gloucestershire region.

The core issues of quality and finance need careful consideration. The main advantage is the increased capacity for flexible working, by ensuring that departmental resources are effectively applied. Willing staff members are able to work outside clinic times, and from home, which could be advantageous for those who work part time. This could be included in Consultant job plans.

It was noted that advanced systems in Australia allow for skin cancer to be rule out via imaging devices which are available in pharmacies.

Community skin cancer service: A community service for excision of low risk basal cell carcinoma is available in all GP surgeries in the Gloucestershire region; appropriate referrals of other skin cancers are made to the Gloucestershire MDT.

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This has been achieved by providing numerous training courses. An equivalent service is not available in the Bristol region where only 1 GP specialist has been trained. There didn't appear to be a cohort of GPs interested in specialising in this area, or any resources available to set up the service.

Melanoma patient information leaflet (PIL): The CNS teams have now shared their patient information and the action can be closed.

ECT referral information leaflet: A referral letter and PIL have been produced and will be circulated. The ECT machines have yet to be purchased by the Trust. **HD**

Feedback on inappropriate 2ww referrals: Results of an audit of suspected cancer referrals in RUH Bath will be shared. **HD**

Radiology protocol for CNS teams: A protocol to enable the CNS team in UH Bristol to make radiology requests has been drafted and sent for approval. The CNS team in Gloucestershire are set up to order scans. The CNS team in RUH went through an 18 month process to attain similar permission, but this was recently withdrawn following a CQC visit; the reasons for this will be clarified. **RUH team**

CRUK MDT recommendations: A regional meeting of Clinical Cancer Leads will be held on Monday 16th July 2018 to define a loco-regional approach to MDT reforms. The outcomes will be fed back to the group. **EW**

Regional patient experience survey: The CNS team will attend a breakout meeting later today to discuss if a standardised survey for use across the region is feasible. **CNS team**

Capacity for RD&E Plastics team to provide a service for patients in Yeovil: Plastic surgeon Chris Stone has been contacted to discuss this further; the point of transition is to be defined prior to moving the proposal forward. **EW**

3. Network issues/MDT service

3.1 Secure clinical image sharing software

Please see the presentation uploaded on to the SWCN website

Presented by Ewan Wilson

Forward is a secure NHS approved mobile application (app) communication tool, developed by Doctors, that works in the same way as WhatsApp. It has been endorsed and adopted by several Trusts across the UK, including Oxford Dermatology. It is possible to take images (there is a zoom function), and send them via *Forward* for opinions from other colleagues; a Trust or nhs.net email is required to download the app. It is possible to ask the administrator who manages the app to set up networks for mass communications, for example, HD could share details from the SSG meetings via this route. A patient profile can be made from taking a picture of a patient's Trust label. Images are stored indefinitely within the app. The usual consent process for storing images should be obtained from the patient and recorded in the notes. The BHOC are in the process of investigating

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ways for consent to be documented electronically. At present, it is currently free, and SSG members are encouraged to download it to see if they find it useful. Details will be circulated.

Application to download HD

3.2 Skin Cancer Specialist Multi-Disciplinary Team (SSMDT) electronic proforma/referral process

Please see the presentation uploaded on to the SWCN website

Presented by Daniel Keith (DK)

The SSMDT aim to develop an MDT referral process similar to the Bristol Neuro-oncology Group (BNOG), which is available online here. This has mandatory drop down fields that need to be completed before it is submitted via the website to the MDT Coordinator. It is not possible to replicate this at present, as the IT web design team in NBT has been made redundant; assistance is being sought from other sources and, in the interim, a pdf proforma with drop down fields has been drafted, which will be made available to download from the website and sent to the generic cancer services email. It is hoped that this will address the problem of accepting referrals with missing or minimal data at short notice.

It would be ideal if confirmation of the referral could be sent, and if the details of referrals could populate a database and be linked to subsequent referrals for the same patient to reduce duplication of work. The web based form would not have the function to automatically populate a database.

A national melanoma database is available that would be useful to populate, and some funding may available for completing it retrospectively.

Electronic solutions to support information gathering and appropriate decision making are of increasing importance due to the imminent reduction in the number of paper records.

The proforma will be circulated for comments. **HD**

3.3 Somerset service update

The skin cancer service in Taunton ceased acceptance of two week wait referrals in November 2016, due to the failure to appoint a Consultant Dermatologist. The remaining team, which consists of 3 CNSs and a team of medics, has continued to provide dermatological expertise for the patients in follow up, with assistance from maxillo-facial and oncology services, with a visiting Consultant Dermatologist also attending the MDT. Peer Review has assessed the service and found that it functions effectively. Two week wait referrals are currently shared across the region, with each centre agreeing to take the following numbers per week:

- Exeter: 8
- UHB: 40
- RUH: 2
- YDH: 2.

Managing the 2WW capacity remains an issue. When significant pathology is identified, there are robust local staging facilities available.

Initially, surgery was being undertaken in UH Bristol, but it is planned to refer more cases to RD&E to reduce patient travel. The clinical priority is to repatriate patients to the appropriate geography wherever possible, with the primary aim to reinstate the full service in Taunton as soon as possible. It had been necessary to redistribute pathology services due to a loss of local expertise.

Data on referral numbers to plastic teams across the geography will be examined to establish an efficient process for dividing these between centres, and advance notice should be given when patients are travelling for their surgery. It was noted that this would to some degree be decided according to patient choice.

Plastic surgery team

4. Clinical guidelines

4.1 Skin cancer primary tumour (pT) staging changes, January 2018

Please see the presentation uploaded on to the SWCN website

Presented by Keith Miller (KM)

The Union for International Cancer Control (UICC) has published the 8th edition of the TNM Classification of Malignant Tumours; this was implemented on the 1st January 2018. Royal College of Pathology datasets are being amended accordingly (the UK is the only country to adopt a standardised dataset), and will be circulated to the MDTs when available.

KM

Basal Cell Carcinoma (BCC), Squamous Cell Carcinoma (SCC) and adnexal carcinomas are grouped together, but exclude Merkel cell and melanoma; pT1 or pT2 can be upstaged by one or more high-risk clinical/pathological features including:

- Deep invasion
- Specifically defined perineural invasion
- Minor bone erosion.

For melanoma, mitoses is still recorded in the dataset, but is no longer involved in staging 1a versus 1b, and instead is staged according to depth and ulceration status. Please see the presentation for further details.

A mobile application for staging melanoma is available to download via the app store.

Application to download

4.2 SWAG Skin Cancer Clinical Guidelines and Melanoma Guidelines 2018

The SWAG Skin Cancer Clinical Guidelines contain the level of detail that was required prior to the development of national guidelines. Now that guidelines have been published by NICE and the Scottish Intercollegiate Guideline Network,

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the document can be reduced to contain links to these publications and any relevant local information.

An aide-memoire for clinicopathological prognostic staging of melanoma has been produced by Adam Bray to ensure that there is a consistent approach across the network and to avoid delays in referral pathways. There was an area of contention around the scanning schedule recommended by NICE and differing surgical evidence, and also a need to justify any decision to do work requiring additional resources outside NICE guidelines. A breakout meeting will be organised to reach a network consensus and, in the interim, the related document will be circulated for comments from the group.

AB/EW HD

5. Quality indicators, audits and data collection

5.1 Network audit ideas/standard pathology reporting and data trends

Please see the presentation uploaded on to the SWCN website

Presented by Paul Craig

A request for data on the use of cancer datasets, sentinel node work and BRAF mutation testing was circulated to the pathologists within the network. Responses were received from all centres, with the exception of Yeovil District Hospital. The results showed variation across the region, as documented within the presentation. The Royal College of Pathology dataset and PCR/Cobas test for all melanoma BRAF testing is consistently used.

The melanoma focus meeting, held in Cambridge on the 18th May 2018, and attended by melanoma specialist surgeons, dermatologists and pathologists etc. reached the consensus that, following MSLT2, completion of lymphadenectomy was no longer appropriate following a positive sentinel lymph node biopsy.

UK wide data on non-melanoma skin cancer (NMSC), presented by Brian Diffey at a 3 counties Skin Cancer Network meeting in 2011, showed a sharp increase in the potential workload of NMSC. This has proven to be correct, with an increase in diagnoses of 41% over the past 8 years, due to the aging, sun damaged population. Should the trend continue, this would have huge resource implications; commissioners will be made aware of the need to invest in services so that this can be managed.

A recent survey on management of keratoacanthoma (KA) confirmed that delaying booked surgery for 4-6 weeks can aid management. Further details are documented within the presentation. The results caused controversy, with many clinicians and pathologists declining to distinguish KA from SCC due to encountering KA-like lesions with subsequent aggressive behaviour, including metastases. A research trial, looking at the watch/wait approach, will be launched in the next year. Please contact Paul Craig or Saleem Taibjee to discuss this further.

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6. Patient experience

6.1 Patient feedback

The User Representative member of the group gave a sobering account of the patient pathway for treatment with melanoma. There was a positive experience from the speed with which a referral was made to the dermatology department, with the GP recognising the need to refer via the 2 week wait pathway, and indeed being seen 14 days later. The pathway, which started on the 2nd December 2016, has involved contact with 168 health care professionals to date. The interventions that ensued each resulted in side effects, some of which have had serious consequences; consistent contact with the responsible Consultant and CNS team has been an essential source of support over this time. The careful documentation of side effects showed the presence of Flagellate Erythema, associated with Bleomycin treatment. Now, treatment was concentrating on management of the disease with oral chemotherapy, rather than eradication. It was noted that the quantity and time frame for taking the treatment, and the need to time meals around it, was in itself difficult to manage.

There are some inconsistencies in information on long term storage of the drugs, which will be clarified.

Any advances in PET CT scan resolution would be welcome for further reassurance of disease status.

MR was thanked for sharing his experience with the group.

7. Living with and beyond cancer

7.1 Cancer Transformation Funding

Please see the presentation uploaded on to the SWCN website

Presented by Catherine Neck (CN)

The National Cancer Transformation Board has notified the South West Cancer Alliance that Transformation Funding will be reduced to 75% for Quarters 1 and 2, due to the recent creation of a rule that links funding to 62 day Cancer Waiting Time (CWT) performance. Recruitment to Cancer Support Worker posts in North Bristol Trust has therefore been scaled back from 8.0 to 6.2 Whole Time Equivalents, also taking into consideration the recently proposed NHS staff pay award. Development of a patient information portal has had to be put on hold. Funding may be reduced again should there be a further decline in CWT 62 day performance.

LWBC activity is being measured for prostate, breast and colorectal cancer sites. This initiative (which involved implementation of the recovery package), will be made available for all cancer patients, with generic living well days being held as an alternative to site specific events.

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Treatment summary templates have been produced for BCC, SCC and Melanoma surgery. These will be circulated for input from the clinical team. The next stage will be to develop oncology treatment summaries and, once ratified, to work with the Somerset Cancer Register to make them available on the system. **CN**

8. Coordination of patient pathways

8.1 Transfer of patients between organisations after treatment/CNS update

A Standard Operating Procedure (SOP) has been drafted for ensuring that patients are transferred appropriately between organisations after treatment. Each SSG has been asked to confirm the preferred administrative contact point(s) for follow up, and agree on a process for the provider to confirm with the referrer that the patient has been received, and follow-up booking processes have been instigated. The CNS team will discuss this further in a breakout meeting this afternoon. **CNS team**

9. Research

9.1 The NCRI Skin Clinical Studies Group and clinical trials update

Please see the presentation uploaded on to the SWCN website

Presented by David Rea and Paul Craig

Recruitment figures (sourced from EDGE), open trials, and trials in set up are documented within the presentation. The national recruitment target for skin cancer is currently 0.2 per 100,000 of the population served.

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).

The metrics for measuring performance are being revised. It is thought that these will look to recompense research activity according to the burden of disease type.

Principal Investigators will be invited to use the research section of the SSG meetings to launch new trials. Information on open trials and those in set-up is available on the SWCN website to view within the MDT here. 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 your behalf: jessica.bartlett@nihr.ac.uk

A link will be sent to the National Cancer Research Institute (NCRI) website, where there is a quick reference point for melanoma trials that can be looked up in clinic. **EW**
It had not been possible to open two trials recently due to a lack of resources. It is hoped that the SSG could feed into recruitment for large national and international trials to build the portfolio, and aim to increase capacity to open trials locally in the future.

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Due to time constraints, the NCRI Clinical Studies Group & CM-Path Initiative presentation will be discussed in more depth at the next meeting. Development of a non-melanoma skin cancer tissue bank is being explored. SSG members are invited to contact PC for assistance with clinical trial set-up and for information from the clinical trials study group. **PC**

10. Service development

10.1 Genomic medicine update

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 results for cancer patients over the last few months. 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 will be 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 CC-C: 07732 561067, Ubh-tr.wegmc@nhs.net.

Recruitment to the project will remain open until September and the pathways for processing samples are already embedded for other cancer sites; SSG members are encouraged to look into recruiting patients. Recruitment of 2 melanoma patients has recently been achieved in NBT.

10.2 Skin cancer awareness campaigns

Information on the most recent skin cancer awareness campaigns will be circulated to SSG members. **HD**

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11. Any other business

SSG members are to contact the Chair/SSG Support Service to raise any issues impacting delivery of services, so that recommendations can be escalated from the group to the relevant managers and the SWAG Cancer Alliance Board. **SSG members**

The previously discussed metastatic SCC audit dataset will be revisited by EW and AB. **EW/AB**

Date of next meeting: November 2018 (to be confirmed)

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