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

Friday 9th October 2020, 11:30-12:30, MS Teams

Chair: Claire Newton (CN)

NOTES **ACTIONS**

(To be agreed at the next SWAGGER meeting)

Meeting purpose: To share management of services during the COVID-19 pandemic and recovery phase as an alternative to an educational event.

1. Suspected Cancer Referral Challenges

RD&E:

The Trust is due to go paperless, with installation of the EPIC hospital information system due tomorrow. With increasing numbers of COVID-19 cases, driven by the university population, and a sharp rise in suspected cancer referrals in the last few weeks now that patients have been making appointments with their General Practitioners, this combination of factors is expected to have a significant impact on services in the near future. The service is currently manageable.

UHP:

An increase in COVID cases due to university students has not been reported in Plymouth to date. However, 2 patients unexpectedly tested positive on a surgical ward, which led to a ward closure.

Operating lists are back to normal and waiting lists have returned to pre-COVID-19 levels. A sharp rise in suspected cancer referrals has been seen this week, and capacity is expected to reduce over the next few weeks with predictions of the second wave. Combinations of face to face and videoconferencing outpatient appointments have been provided.

There had been IT issues with virtual MDT meetings, and currently more people are attending the face to face meeting while this is still possible.

UHBW:

A sharp rise in suspected cancer referrals has also been seen in Bristol. GPs in the region are referring patients based on virtual clinical assessments; many are still not seeing patients face to face, and the service has had significant problems with capacity after an unusually high increase in referrals with post-menopausal bleeding.

A similar trend has not been recognised across the region, but it was thought that the majority of GPs are now seeing patients face to face.

Comments Box:

Bristol GP Glenda Beard confirmed that GPs should now be arranging face to face appointments (end of comment).

There are also problems with capacity in St Michaels due to social distancing and space limitations.

ACTIONS

TSD:

The Torbay Gynae-Oncology Dashboard was shared. This showed the drop in cases during lockdown, but no exponential rise post lockdown to date, returning to normal referral levels. This may be explained by the smaller nature of the centre.

RCH:

The service has tried to continue business as usual, and has not had a huge dip in referrals, however referrals are 15-20% lower than pre-COVID-19, indicating that there must be some people in the community waiting to be diagnosed.

RUH:

Referral numbers have yet to rebound in Bath, currently increasing by approximately 10 cases per month. GPs referring into the service have been undertaking face to face examinations. Patients are asked to self-isolate for 14 days with a COVID test 3 days prior to surgery. A hybrid MDT is being held with a maximum capacity of 8 in the room, which has resulted in some communication challenges. There is an increase of referrals presenting with late Stage disease as emergencies.

SFT:

Referral numbers have also yet to rebound in Somerset, with no indication as to when cases may filter through. Patients have been reluctant to go to their GP with symptoms during lockdown.

The same pattern was seen across all suspected cancer referrals at present.

2. Challenges to Surgical Operating Lists

2.1 COVIDsurg Publications

Please see the presentation uploaded on to the SWCN website

Presented by Claire Newton

The Lancet has published data on mortality and pulmonary complications in patients undergoing surgery with perioperative COVID-19.

The study was an international collaboration of 235 hospitals in 24 countries and included SWAG.

Information was included on patients who had a positive test for COVID-19, 7 days prior to surgery or 30 days after surgery. 30 day mortality was 23.8% and pulmonary complications occurred in 51.2%, for example, pneumonia and respiratory distress. Patients most likely to die were male aged over 70. The American Society of Anaesthesiologists Grading system showed that patients with a score between 3 and 5 are also at significant risk.

Another report looked at elective surgery in COVID-19 free Surgical Pathways during the pandemic to determine if these were associated with lower postoperative pulmonary complication rates compared with hospitals with no defined pathway. Data was collected on 9,171 patients from 447 hospitals in 55 countries on 10 solid tumour types.

UHBW were in the no defined COVID-19 free pathway cohort as, even though there are COVID-free Theatre and Critical Care areas, it is not possible to have a separate non-COVID ward area. Pulmonary complication rates and postoperative COVID infection rates were lower in the COVID-19 free Surgical Pathways.

2.2 Surgical updates from each centre

RUH have a rigidly defined COVID-free pathway, with a separate dedicated general surgical team who are only allowed to work on the green ward. Patients are asked to self-isolate for 14 days, or for 3 days after a negative test, with the ward split into 2 sections according to which process has been followed. Surgeons review patients first thing in the morning.

RD&E also have a COVID-free surgical pathway. For 2 to 3 months the team only operated at the Nuffield, but have now moved back to the main site. As the incidence has been so low, it has been possible to carry on as normal apart from complying with COVID-19 guidance.

Every patient admitted to the hospital is swabbed; turnaround time is rapid, with results being returned in 1 hour as processing takes place on site.

There is a COVID free post-operative bay where no acute admissions are permitted.

The situation in PH is identical to RD&E apart from all surgery remaining on site throughout. A clear amber/green surgical pathway was quickly established.
It is not thought that many patients comply with 14 day self-isolation prior to surgery, but do tend to self-isolate after being swabbed at 3 days.

COVID test turnaround time for emergency admissions is approximately 3 hours.

There have been no incidences of COVID in theatres to date.

There is a three hour test turnaround and as yet there have been no COVID cases and no impact on surgical lists.

There were no members from Cheltenham in attendance as the meeting coincides with the suspected cancer morning clinic; an alternative time of day will be chosen for the next meeting.

3. Multi-Disciplinary Team (MDT) meetings

Approaches to organise MDT meetings were discussed and compared, with some teams having a hybrid system, where a number of people meet face to face but socially distanced in the MDT room, and the rest of attendees dial in using MS Teams or WebEx; others teams are having entirely virtual meetings.

RD&E has been entirely virtual since February and this works very well. Part of the success is because it is a well-established team. It is strongly recommended that the meeting should continue in this format.

The imminent installation of EPIC may further improve the evolution of the paperless MDT.

TSD have also found that the virtual MDT meeting works well and agrees with continuing to hold it in this format. The Oncology Ward has moved to Newton Abbott, where clinics are run on Monday mornings, so it would not be possible to attend if there wasn't the virtual option.

UHBW MDT meeting has been held using WebEx, and there have been some problems with sound and connectivity. A hybrid system is now being trialled.

RCH is also trialling a hybrid system using MS Teams. An alternative virtual platform was used in the beginning which was not successful. Now, the sharing of images and histology works well.

SFT holds a virtual meeting via MS Teams, which is working well when linking in with YDH team. Previously the team used Skype, but switched over when the MS Teams system improved. Some participants have raised issues with sound and image quality, however the MDT room is no longer available for the foreseeable future as it is now being used for socially distanced training.

RUH have a face to face meeting which includes one member from each specialty, and use a teleconferencing system for the other attendees, but this doesn't link with MS Teams. It is hoped that the systems can be connected via Bluetooth in the near future.

4. Oncology Challenges

All patients suitable for SACT treatment have received treatment across the region.

RUH moved all SACT treatment to The Circle during lockdown, and moved back to the main site in the summer. This has had an impact on capacity as 8 chairs have been lost to meet social distancing requirements. The main problem has been radiology capacity and the impact that this has had on clinical trial activity.

SFT have also lost chairs, but this has not been an issue to date as referrals have yet to return to normal levels.

5. Returning to Normal

Surgical and oncological treatments are ongoing in all centres and will continue to provide business as usual within the constraints expected to be caused by the second wave of the pandemic.

6. Changes in Practice

There is an increased number of Mismatch Repair (MMR) staining panels and oncologists are asked to standardise pathology requests. Guidelines are due to be published in the near future which are likely to recommend MMR for all women with endometrial cancer.

The Tumour Protein p53 is requested in some centres for serous tumours.

Poly-mutations are requested if indicated, but not routinely performed.

7. Examples of Potential Harm / Learning Points

There were no issues of concern to discuss during the meeting.

8. Support Required from the Cancer Alliance

There were no issues raised that required Cancer Alliance support.

9. AOB

The document SWAG Tumour Site Specific Guidance in Response to the COVID-19 Pandemic was reviewed. This will be amended to remove omitting the mid treatment CT response assessments.

Centres have moved to performing open hysterectomies since publication of the LACC trial.

GP referrals are being audited in BNSSG to establish how many patients are getting face to face assessments.

10. Date of next meeting: To be confirmed.

Feedback from the Chat Box on the format of the meeting:

A mixture of face to face when possible with a dial in option.

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