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

Meeting of the SWAG Network Cancer of Unknown Primary (CUP) Clinical Advisory Group (CAG)

Wednesday 6th May 2020, 10:00-11:00
WebEx meeting

Chair: Dr Tania Tillett (TT)

NOTES **ACTIONS**

Welcome and apologies

Please see the separate list of attendees and apologies uploaded on to the SWCN website here.

1. Review of Last Meeting Minutes

The Rapid Diagnostic Service discussed in the previous meeting had temporarily ceased to function during the pandemic. This can now restart, and it would be useful to help promote the importance of early diagnosis and encourage patients to present with any symptoms that are causing concern.

National guidance on testing for COVID-19 is imminent.

As there were no amendments or comments following distribution of the notes from the meeting on Thursday 7th November 2019, the notes were accepted.

2. Clinical Opinion on Network Issues

2.1 Review of MDT membership changes / service

RUH: RUH report no changes to the CUP team which still comprises Consultant Oncologist Tania Tillett (TT) and Clinical Nurse Specialist (CNS) Alison Rossiter.

The MDT meeting still has no palliative care representative and is therefore technically not compliant with Quality Surveillance Indicators, although the meeting functions well.

During COVID-19, the two week wait service has seen referrals drop to 2 from 4-5 per week. It is hoped that numbers will recover to pre-pandemic levels in the next few weeks.

UHBW: CNS Maggie O'Donnell joined the UHBW CUP team 2 weeks ago. CNS Emily Aston is currently covering Acute Oncology, and will return in the next two weeks. Consultant Oncologists Helen Winter and Vivek Mohan continue in post; the service is also supported by the Palliative Medicine team.

This service normally runs in collaboration with NBT but, during the pandemic, the NBT team has been taking all CUP referrals as the UHBW was temporarily suspended, and the MDT are holding virtual meetings.

NBT: As of Monday 4th May 2020, Helen Winter no longer works for the NBT CUP, with the role now undertaken by Consultant Oncologist Hannah Taylor. The NBT CNS team, which comprises Lucy Henderson, Lewis Andrews and Sarah Colvey, will continue to provide cover for Bristol CUP referrals until the new UHBW CNS has

completed orientation. At this time, it is not known who the dedicated pathologist representative will be; this will be confirmed in the near future.

Referral rates have been recovering, which is reassuring, after a quiet 6 weeks.

3. Coordination of Patient Care Pathways

3.1 Changes / concerns due to COVID-19

There are difficulties with getting some diagnostic tests at present, in particular endoscopy, and with maintaining sites that can be classed as 'green' (COVID-19 free). RUH are currently using The Circle for chemotherapy. Despite patients testing negative for COVID-19, shielding, and having temperature and symptom checks prior to submission, some have developed symptoms and tested positive the next day, with the swab test only correctly identifying 70% of positive cases.

Staff have been allocated to work either at the RUH or The Circle to prevent potential spread, with approximately one third of junior medical staff at RUH being symptomatic; staff screening is under discussion.

When to start, or restart SACT treatment in patients who have tested positive for COVID-19 has to be assessed on an individual basis; current recommendations suggest that 2 weeks from the last symptom is appropriate. However, some patients continue to test positive while being asymptomatic, which tallies with the concept that immunocompromised patients shed the virus for a long period of time in comparison with those with no pre-existing conditions. The concern is when is it safe to restart treatment with the risk of a high mortality from COVID while on SACT.

Another problem has arisen as patients decline to come into the hospital for radical treatment due to fears associated with contracting the virus. The number of nuanced patient conversations about shielding and discussing risks has increased the length of clinic appointments, which are overrunning even more than they were pre-COVID-19.

Consultant Oncologist Emma Cattell reports fewer issues in SFT (formerly TST) due to the low prevalence of the virus, with treatments continuing for all appropriate patients to date. Not all patients are screened at present, whereas Truro and Torbay are doing baseline tests, and some units are managing to get tests prior to each SACT cycle. Facilities have been adapted as much as possible to meet social distancing requirements, but the day unit is not spacious enough to be fully compliant. It is understood that YDH have been able to move to a larger facility that ensures compliance.

Social distancing is also manageable at The Circle, where all patients have individual rooms.

BHOC has moved all SACT beds to the Bristol Dental Hospital, which can accommodate all patients in individual booths.

The process for obtaining informed consent with the additional risk of contracting COVID-19 during treatment versus the risk of not offering treatment is a complicated discussion that can be guided by risk stratified age related data. If the risk outweighs the benefit, treatment is not offered. If a patient consents to the risk, treatment is delayed until the patient is no longer positive and lung function

has recovered. This was discussed and agreed by 17 sites with virtual attendance at a national meeting chaired by National Clinical Director for Cancer, Peter Johnson. National guidance is expected to be published soon.

The relevance of assessing immune response using antibody screening tests, and whether this should be in IgG or combined IgG/IgM test, remains uncertain at present due to the current lack of evidence on the possibility of reinfection. Details from a National Oxford based project to gather evidence will be circulated by Emma Cattell to Helen Dunderdale for dissemination to the group. CAG can register to submit data, and will then receive a weekly summary.

E Cattell/H Dunderdale

Current evidence from ITU admissions shows an approximate mortality rate of 39% for patients undergoing SACT and admitted with COVID-19. Further information may be sourced from Paul Nathan at Mount Vernon Cancer Centre, who is also undertaking a project; details will be shared.

E Cattell

Risks to patients on current treatment will also be dependent on the prevalence of COVID-19 in each community.

Cancer Alliance Clinical Director Amelia Randle recommends that recommencement of cancer treatments should occur with equity across the region.

CAG reports that treatments have continued as deemed appropriate on a case by case basis and prioritised according to risk factors, such as cord compression or pain management; local ethics committees are involved in these discussions.

For example, in RUH, treatments for gynae and melanoma have continued unabated, and a large cohort of lung cancer patients in TST wished to continue treatment and have been re-consented, taking into account the additional risk.

4. Patient Experience Update

A Macmillan helpline, available to cancer patients in RUH, is run by two members of staff from the Cancer Support Team during the hours of 08:00-19:00. This has been particularly helpful to those patients who are isolating or isolated.

Providing a positive patient experience and sufficient support is extremely challenging given the restrictions caused by the pandemic.

In NBT, the Macmillan Centre is closed for face to face visits but instead provides a helpline to patients in Bristol run by the Cancer Support Workers with support from the Palliative Medicine Team.

5. Quality indicators, audits and data collection:

5.1 Continued data collection for current prospective audit until June

The January to June 2020 prospective audit of confirmed CUP patients is underway. CAG are to submit data to Helen Dunderdale in July/August 2020 for collation for presentation at the next meeting. As this will capture 3 months of data pre-COVID, and 3 months during lockdown, it makes the exercise even more important, and may show evidence relating to delayed presentation.

H Dunderdale / T Tillett

There have been some problems with the data collection due to workforce and time constraints; data will be collected retrospectively where possible.

6. Research

6.1 CUPISCO update

A patient enrolled in the trial is continuing treatment at the moment, and 2 other patients have had treatment temporarily paused. The trial is closed to further recruitment due to COVID-19, but it is hoped that it will reopen within 2 weeks.

Details of relevant patients can continue to be sent through. There is a potential eligible patient in TST, but there are concerns about hospital to hospital transfer and prevalence of COVID-19; careful explanation of the risks versus benefits of taking part would be required. Once again, it is recognised that this will lengthen clinic discussions.

7. Service Development

7.1 Sharing Best Practice and Innovation during COVID-19

Virtual clinics are working really well. It has been possible to communicate with very unwell patients without the need for them to travel to the hospital with family members present; RUH is using Visionable software.

Initiatives to improve patient self-management have been implemented, including training patients to disconnect pumps and perform line flushes at home, by the development of a policy and providing step-by-step photographic guides. The CNS team will be contacted to see if the guides can be shared with CAG. **E Cattell**

UH Bristol has deployed an electronic prescribing system in two weeks that has been awaited for years.

8. Peer Review

8.1 Concerns to highlight to the Network

Due to concerns about patients presenting late, TST has developed a photographic poster which aims to encourage patients back into acute hospital environments; this will be sent to Helen Dunderdale for wider circulation. **E Cattell / H Dunderdale**

9. Any Other Business

The meeting schedule is to remain the same as pre-pandemic.

Date of next meeting: Wednesday 18th November 2020, 12:00-13:00, MS Teams

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