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

Meeting of the SWAG Network Upper Gastro Intestinal / Hepatobiliary and Pancreatic Clinical Advisory Group (CAG)

Friday 10th May 2019 12:30-16:30, Holiday Inn, Bristol City Centre, Bond Street, Bristol, BS1 3LE, 12:30-16:30

THIS MEETING WAS SPONSORED BY KYOWA KIRIN AND MYLAN

Chair: Mr Richard Krysztopik (RK)

NOTES	ACTIONS
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 notes from the CAG meeting on Friday 19th October 2018, the notes were accepted.	
The potential for regional data collection and review of gall bladder polyp management will be discussed further with Jonathan Rees.	**RK/JR**
Intraperitoneal chemotherapy: A representative from Basingstoke will be invited to provide a presentation on the intraperitoneal chemotherapy service.	
Actions from previous meetings are on the agenda.	
3. Research	
3.1 Prehabilitation before cancer therapy	
Please see the presentation uploaded on to the SWCN website	
Presented by Catherine Neck (CN)	
There is a national drive to implement Prehabilitation for all patients with cancer and other diseases. Macmillan and the Royal College of Anaesthetists have partnered with the National Institute for Health Research (NIHR) to commence work on the WesFit trial. This aims to standardise delivery of care and educate patients, clinicians, academic colleagues, providers and policy makers on how optimising fitness can reduce recovery time and lead to improvements in health economics. The end product will be a suite of resources for this purpose; further details of the four arms are documented in the presentation. The prescribed exercise intervention can be adapted to suit local facilities.	

The trial team, based in Wessex, are seeking expressions of interest from centres in the SWAG region. The infrastructure for participating in the trial is already available in several centres as there are several Prehabilitation projects already underway. This would complement the work undertaken by those centres running Enhanced Recovery Programmes.

The trial could help formalise the Prehabilitation pathway and inform funding decisions. Participation would generate ring-fenced funding for administrative support, and funding from recruitment figures, as it is registered on the NIHR portfolio.

The teams in Gloucestershire and Bristol expressed an interest in discussing this further; the trial team will be invited to the next meeting. **CN**

3.2 Clinical research trial update

Please see the presentation uploaded on to the SWCN website

Presented by Sharath Gangadhara (SG)

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 Upper GI is 3. The target has been comfortably exceeded for 2018/19, performing well in comparison with the percentage of cancer incidence in the region.

Information on recruitment to time and target could be improved, although the way that the data was conveyed did not seem to reflect the number of studies open at BHOC in comparison with other centres.

It was considered ideal to have a balanced mix of clinical trials for oncology, surgery, palliative care and complicated therapies. A spreadsheet of open trials, trials in set up, and trials that are open to new sites is available on the SWCN website here.

Clinical trials in set-up:

OCCAMS (Oesophageal Cancer Clinical and Molecular Stratification) study: Observational trial recruiting patients for data and tissue collection to attempt to identify clinical, demographic and molecular factors affecting disease progression.

Orange II PLUS study: Open Versus Laparoscopic Hemi-hepatectomy will address the need for further information on oncological outcomes.

SSGXXII trial: Phase III prospective, multi-centre, open-label, 2 arm study for evaluation of 2 durations of adjuvant treatment with tyrosine kinase inhibitor imatinib mesylate for operable gastrointestinal stromal cell tumour (GIST) with high risk for recurrence / Three versus five years of adjuvant imatinib as treatment of patients with operable GIST with a high risk of recurrence. Ideally, a network approach should be adopted to maximise recruitment.

TACE 3: A study to test whether adding nivolumab to TACE treatment is effective and safe in patients with intermediate stage liver cancer.

The group are encouraged to email any ideas they may have for future research and share best practice. Members of the group who are involved in research will be invited to join a WhatsApp group for trouble shooting problems and for sending anonymised eligibility criteria to relevant Principal Investigators; an email reminder will be circulated for this purpose. **SG/HD**

4. Service development

4.1 Network education event programme

The next meeting will be an educational event held in Cheltenham, designed to share best practice between different MDT members. There will be a group session to discuss issues that affect all team members, and breakout sessions for the surgeons, oncologists, CNS and other team members as required.

5. Multi-Disciplinary Team (MDT) membership changes / service

5.1 MDT reforms

Further to the previous presentation on the Cancer Research UK MDTM effectiveness report, and the late Professor Gore's national MDT streamlining project, the Upper GI and HPB MDT has been looking into processes to identify certain patient groups where MDT discussions could be safely streamlined. Other interventions to optimise discussions, such as reconfiguration of the room layout are also being considered. Progress will be fed back at a future meeting. **RK**

6. Coordination of patient care pathways

6.1 Cancer Alliance: Rapid Diagnosis Initiatives

Presented by Amelia Randle (AR)

Cancer Alliances have been instructed by the National Cancer Board to spend 15% of 2019/20 funding (£900,000 for SWAG) on development of a Rapid Diagnostic Centre. The purpose of the service is to coordinate a series of tests to streamline the time to diagnosis for those patients with serious non-specific symptoms (approximately 80 per 100,000 population per annum) that otherwise would have been referred via the suspected cancer pathway. It is hoped that this will evolve over time into a single point of access to support delivery of the 28 day faster diagnostic target, and increase the number of appropriate referrals sent to site specific centres.

A national service specification has yet to be defined and, due to the rural geography of the South West, one RDC has not been proposed by the SWAG CA team.

SWAG CA proposes a pilot model based in several areas in the primary care

network, so the need for patients to travel is reduced. Referrals will be sent for a 45 minute holistic clinical assessment and test bundle before referring on to diagnostic imaging, if deemed appropriate, after liaison with relevant secondary care teams. Examples of how this might be achieved are detailed in the draft plan, which could be led by a General Practitioner (GP) or secondary care clinician.

The service would retain ownership of the patient in the event that an initial diagnostic test was shown to be negative, but the non-specific symptoms remain unresolved.

Members of the team are invited to express an interest in establishing the service, and send any ideas to their associated Sustainability and Transformation partnerships (STPs). **MDT members**

A priority for the UGI / HPB service is to improve the waiting times for GP referrals to rapid access endoscopy. As there is a national drive to implement optimal cancer pathways, including the National Timed Oesophago-Gastric Cancer Diagnostic Pathway, the Cancer Alliance Board can provide support for related initiatives. CAG representatives will visit centres where the pathway has been implemented to gather details on how this can been achieved. **HD/RK**

7. Patient experience / Living With and Beyond Cancer (LWBC)

7.1 Holistic needs assessments

Presented by Clinical Nurse Specialist team and Catherine Neck

The recently appointed Band 4 Cancer Support Workers (CSWs) have been trained to complete patient Holistic Needs Assessments (HNA), and have been successful in achieving the associated target for completion of the first HNA within 31 days of treatment. It has been more complicated to capture patients for an additional HNA at the end of treatment as it is difficult to define exactly when this is and signpost the patients to the CSWs at the appropriate time. Often, HNAs are identified as relevant to repeat at different times in the patient pathway, most commonly around second line chemotherapy, but this is not recorded in the performance metrics measured by NHS England.

The most common concerns addressed by the assessments are access to financial benefits, psychological support, dietary advice and fatigue management. Those patients not picked up for a second HNA would still have the opportunity to be signposted to support services at Health and Wellbeing events.

LWBC activity, including the CSW team, is currently paid for from the National Cancer Transformation Fund, which stops in March 2020. A sustainable solution to continue the funding is currently being negotiated with the regions' Clinical Commissioning Groups. It is essential to document all related activity to provide an accurate evaluation of the service provision. **CNS Team**

7.2 LWBC activity

Please see the presentation uploaded on to the SWCN website

Presented by Ruth Hendy (RH)

Health and Wellbeing Events in UH Bristol have evolved from a 'next steps' event at the end of treatment, to also include a 'first steps' event at the time of diagnosis. A similar event for patients with a poorer prognosis (the Adjust, Adapt and Plan event of between approximately 6 to 36 months) are being held, with input from the palliative care team. The team in RUH Bath are also holding 'first steps' and 'next steps' events, and are setting up a palliative support group based in the community. Positive patient feedback is routinely reported from the events.

A UGI case study of a patient who received an HNA from one of the CSW team resulted in the provision of extensive holistic care for both the patient and their immediate family, directly from the CWS and CNS team and by liaison with Government schemes and Charities'.

There is considerable concern about the potential risk for those patients whose operation is cancelled on the day of their surgery to suffer psychological harm; this also has a detrimental effect on the morale of the surgical and CNS team. Managing patients' expectations may help; this will be escalated to the psychology team and Cancer Alliance Patient Engagement Lead, Katy Horton-Fawkes, to establish if there is any work that can be done to manage this risk. **HD/KH-F**

7.3 Addressing inequalities

Please see the presentation uploaded on to the SWCN website

Presented by Amelia Randle

The Cancer Alliance (CA) intends to improve access, early diagnosis and patient experience for all patients, with a particular focus on patients with protected characteristics, such as mental health problems.

The CA team recently took part in a 6 week project organised by NHS England, to assist with this process. This resulted in interviews with 6 people. Further work is now required over a 12 month timeframe to build a more comprehensive picture of the particular needs for these patient groups.

Patient information should be made available in accessible, easy to read formats. An example is the Mental Health Act, which has been reduced into a simplified document that takes approximately 2 minutes to read. Lowering the reading age of patient information leaflets will make them accessible to a wide range of people with differing neuro-divergent characteristics.

It is recognised that people with mental health issues often neglect their physical health and find it challenging to plan ahead and comply with appointment and treatment schedules. Additional support and making links with key workers from

different disciplines may be required.

Any initiatives that are already in place across the alliance can be shared for compilation by HD.

Patients with protected characteristics are usually identified during the process of diagnosis, and kept on the patient tracking list if appointments are missed, so that the team can repeatedly try to engage them with their treatment schedule. Patients with mental health disorders usually have a mental health review that the CNS team can access to help individualise support to these patients.

8. Clinical guidelines

8.1 Oncology update

Please see the presentation uploaded on to the SWCN website

Presented by Tom Bird (TB)

Action points from last meeting

Intraperitoneal chemotherapy for palliative patients: Evidence of a prolonged survival benefit in gastric cancer, in either the radical or palliative setting, is currently lacking. A relevant clinical trial is currently underway in France.

Oesophageal & Junctional Adenocarcinoma - guidelines on who is suitable to receive tri or bi modality: Evidence is available from three trials, although the chemotherapy regimens were not comparable. Findings to date from one trial favour use of trimodality therapy for patients with adenocarcinoma histology, given superior overall and disease free survival rates, whereas bimodality and trimodality therapy appeared comparable in patients with squamous cell carcinoma. Further evidence is required; the NEOAEGIS randomised controlled trial should provide clarification, and a similar trial is also underway in Germany. At present, there is a tendency to consider chemo-radiotherapy when there is concern about resection margins.

Current trials

Please see details documented within the presentation.

Oncology guidelines

The UGI oncologists in BHOC have developed local guidelines to assist the oncology registrars. If these are of interest to the other centres, they could be adapted if necessary prior to adopting as SWAG guidelines.

Oncology journal watch

Please see extracts from the following journals within the presentation:

- FOLFIRINOX or Gemcitabine as Adjuvant Therapy for Pancreatic Cancer Pembrolizumab versus Paclitaxel for previously treated advanced gastric or gastro-oesophageal junction cancer

- Perioperative chemotherapy for locally advanced, resectable gastric or gastro-oesophageal junction adenocarcinoma.

9. Quality indicators, audits and data collection

9.1 National Oesophago-Gastric Audit Annual Report 2018

Please see the presentation uploaded on to the SWCN website

Presented by Richard Krysztopik (RK)

The report covers patients diagnosed with oesophago-gastric (OG) cancer between April 2015 and March 2017 in England and Wales, and patients diagnosed with oesophageal high-grade dysplasia (HGD) between April 2012 and March 2017, in England.

In the SWAG region, endoluminal management of high grade dysplasia (HGD) was high in comparison with other centres. The team are continuing to address the impact of the associated extra workload.

The percentage of patients with HGD discussed at the MDT looked incorrect as all patients were referred for management to UH Bristol. This was due to data being collected by NOGCA from local MDTs.

SWAG is compliant with NOGCA recommendations for HGD.

There was variation in the rate of emergency diagnoses across SWAG. It was noted that all Upper GI referrals to Weston General come via the A&E department, and the way that patient activity is coded via the HES system could be incorrect. A snap shot audit of patient referrals admitted as an emergency will be done to check that the data is correct.

MDT Leads

The proportion of patients diagnosed with early stage cancer has remained the same for the last 5 years.

The data on performing a CT scan to identify metastatic disease after OG cancer diagnosis had been found to be incorrect. An extra data field has recently been added to the Somerset Cancer Register (SCR) to allow accurate collection.

Previously, it was not possible to add multiple investigations to the SCR; this has now been amended.

The results will be discussed at the November education event.

A significant amount of time has been spent trying to address the numerous problems with NOGCA data quality. Many issues cannot be resolved due to the way that the dataset is altered when merged with the Hospital Episode Statistics dataset. Cancer Service Managers have been instructed to concentrate on the national priorities to improve Cancer Waiting Time performance and, as they are no longer available to assist with such data collection, now need to hand over the responsibility.

Date of next meeting: Friday 22nd November 2019, Cheltenham, venue to be confirmed

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