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

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

Wednesday 18th November 2020, 12:00-13:00, via MS Teams

Chair: Dr Tania Tillett (TT)

	NOTES	ACTIONS
	(To be agreed at the next CAG Meeting)	

1. Review of Last Meeting Minutes

As there were no amendments or comments following distribution of the notes from the meeting on Wednesday 6th May 2020, the notes were accepted.

2. Clinical Opinion on Network Issues

2.1 Multi-Disciplinary Membership Changes / Service

RUH: A second Consultant Oncologist, J Bennett, has joined the team. There is still no Palliative Medicine Representative attending the MDT meeting (MDTM). The MDTM is held at the end of the UGI MDTM and is intended to review cases referred via the CUP two week wait criteria, together with radiological evidence of confirmed metastatic disease with no identified primary diagnoses. Recently, noticeably more cases have been referred with vague symptoms.

During the COVID-19 pandemic, there has been an increase in the number of cases seen late with advanced disease as patients have delayed visiting their GP. The main challenge caused by COVID-19 in Secondary Care is due to delays with access to imaging, in particular for CT and PET. Unfortunately, this has meant that the CUPISCO trial has had to close to recruitment, as the radiology department is not able to guarantee the nine week scanning stipulation.

UHBW: CNS E Aston had been seconded to Acute Oncology during the first wave of the pandemic and has just returned to the CUP team. CNS M O'Donnell was introduced as the new Band 7 team member. The team are currently reviewing the quality of GP referrals aiming to clarify the referral criteria.

Many patients are referred with vague symptoms and, currently, there is no official service to support management of them. E Aston has been keeping a log of these referrals and the number of calls taken to give advice and guidance. This was paused during COVID, but will resume in the near future.

BNSSG representative A Wint confirmed that funding for a pilot Rapid Diagnostic Service (RDS) has recently been agreed which, once available, will manage the vague symptom patient group. News that this service was on the horizon was welcomed, and the RDS service in RUH would also soon recommence.

WGH: Although CNS team A Hadley and R Booth work at WGH, they are included in the UHBW team now that the 2 Trusts have merged, and always join the Bristol MDTM. There was some concern about the provision of timely biopsies due to the workload pressure on radiology.

SFT: Consultant Oncologist E Cattell and Associate Specialist J Botton continue to provide the CUP/MUO service. There are challenges with the provision of CNS support as the team have relied on support from the UGI CNS team, who now only have one nurse. The new Enhanced Supportive Care service has been really helpful.

The length of patient pathways has been impacted by the COVID-19 pandemic, in particular for those patients with suspected colorectal cancer, where there are long waits for CT Colonoscopy and PET.

In February 2020, E Cattell began a dialogue about implementing a vague symptom referral pathway; this has been paused due to COVID-19.

There is still no formal 2WW pathway in SFT. GPs are not able to directly request CT scans. A GP in the new Primary Care Network (PCN) has been nominated to work on resolving this, but it has also been put on hold due to the pandemic.

Action: Somerset PCN/RDS to resolve inequity in GP Access to direct CT requests. **Somerset PCN/RDS Service**

Reassuringly, referral rates have been recovering after a particularly quiet 6 weeks.

GRH: CNS A Skelton and Registrar K Falconer manage CUP activities as part of the Acute Oncology Service. The MDTM is linked with the UGI MDTM. There is no Lead Consultant but three Consultants who have a specialist interest oversee the service. A weekly Rapid Access Clinic for Malignancies of Unknown Origin (MUO) has recently been set up for Outpatient referrals. There is no Two Week Wait referral pathway; all GP referrals are screened by the Oncologist on call and directed to the MUO Clinic.

Peninsula: GP and Peninsula Cancer Alliance RDS Lead J Mays has also identified inequity in GP access to direct CT requests in areas within the Peninsula; this must be resolved. Lack of access results in referrals of patients with vague symptoms being squeezed into CUP or Lung clinics by creative referral form completion. The RDS pilot in the Peninsula will address this; a guide has been drafted to instruct GPs about the screening tests/physical examination to do prior to referral for imaging and a physical examination in Secondary Care. This differs from the SWAG RDS model, which involves a face to face assessment by an RDS GP representative in Primary Care first; this was considered an expensive and workforce heavy option.

Action: Peninsula RDS to resolve inequity in GP Access to direct CT requests. **RDS Service**

Previous RDS pilots have shown that a large proportion of patients referred have cancer or another significant diagnosis, so it was appropriate in the majority of cases to refer on for a scan rather than send back to the patient's GP.

SWAG, Peninsula and other RDS pilot models will run concurrently until they are ready to declare the results and assess which model is most efficient. For presentation at a future meeting. **Future Agenda Item**

3. Clinical Guidelines

3.1 Implementation of the Royal College of Pathology (RCP) CUP Dataset

The RCP CUP dataset has yet to be implemented. While the first draft was very complicated, the final draft is an improvement. There is little incentive to implement it as, unlike all other RCP datasets, it is completed retrospectively instead of at the time that the samples are processed, so that results are not available to review within the MDTM, and unlikely to inform MDT decisions. It will however be useful to standardise reporting in readiness for audits.

Action: Consultant Pathologist L Biddlestone will aim to start recording the dataset in RUH. **L Biddlestone**

4. Coordination of Patient Care Pathways

4.1 Changes / concerns due to COVID-19

RUH are not regularly testing all patients and staff at present, but lateral flow tests will be introduced very soon. Patients are tested before commencing Systemic Anti-Cancer Therapies (SACT).

UHB are testing all inpatients and patients receiving SACT are tested at home by Bristol Ambulance prior to each treatment cycle; results are rapidly made available. Weekly testing of staff is due to commence in the near future. Staff who have worked in an area where COVID-19 has been identified will commence a three-week testing regime.

WGH are only testing inpatients at present.

SFT test all SACT patients at baseline. Currently the only staff group being tested are Haematology and the Bone Marrow Transplant team, although a pilot of lateral flow tests is due to commence next week. If the test results in 2 lines, the staff member will then go for a swab.

GRH are testing inpatients at days 1, 3, 5 and 7. Outpatients are tested at the start of their first chemotherapy cycle. Repeat swabs are only done if there is known COVID exposure or tests are positive. They will also take part in the test pilot from next week with the plan to test staff twice a week.

As previously mentioned RUH has seen more delayed presentations due to patient choice, and longer pathways due to delayed diagnostics, in particularly due to endoscopy and radiology. The UHBW service has not had issues with radiology and biopsies, with cancer being prioritised, although there have been issues with progressing tests for inpatients on wards where COVID-19 has been identified. WGH has had delays, with patients needing a negative test or to self-isolate for 14 days before undergoing a biopsy, leading to extra delays should there be a need for a repeat biopsy. SFT has also seen some very late presentations, with the majority of patients being unfit for treatment. As a result, very few CUP patients have received chemotherapy. GRH pathways for biopsy have been good having appointed a new interventional radiologist.

Patient support messages have been produced by various national bodies to try and spread the message that cancer care is continuing and to encourage patients not to ignore symptoms. SFT produced a poster for patients that was shared on the Cancer Alliance Twitter Account.

5. Patient Experience

Face to face support groups for First Steps, Next Steps and the Adjust, Adapt and Plan event have been paused since the beginning of the pandemic. Lead Cancer Nurse R Hendy is working with nursing teams to arrange virtual support groups and they are in the process of producing professional videos. One was filmed yesterday, and the poorer prognostic support video is due to be filmed in December 2020.

WGH have an AOS Cancer Support Worker to support patients during follow up, assess that holistic needs are met and signpost to relevant services.

SFT have benefitted from the support provided by the EST team, who are involved earlier in the patient pathway than palliative care. The service is capable of reducing oncology workload and is recommended as a network service improvement by the CUP CAG.

Action: To raise recommendation for EST services to be made available with parity across the region to the relevant Commissioners. — **H Dunderdale**

6. Quality indicators, audits and data collection:

6.1 Continued data collection for January-June 2020 Confirmed CUP audit

The January to June 2020 prospective audit results, which was partially incomplete, shows that many patients were not fit for treatment and were managed with Best Supportive Care (BSC).

Action: As there is limited learning that can be gleaned from the data during the pandemic, a re-audit will be arranged at a future date. — **T Tillett/H Dunderdale**

7. Research

7.1 Recruitment to CUPISCO

Prior to closing, RUH was the lead recruiter to CUPISCO and CAG were thanked for making cross-centre referrals. T Tillett will notify CAG when the trial reopens. Its closure does not affect the chemotherapy regimens that can be given to patients. Consultant Oncologist L Medley has opened the trial in Torbay, which may be an appropriate alternative for the referral of patients in the south of the SWAG region.

A sister study, INNOVATE is due to open. This will look at circulating tumour cells in a similar group of patients to CUPISCO and will augment the trial results.

8. Service Development

8.1 Rapid Diagnostic Service / Innovation due to COVID-19

The RDS pilot linked with RUH has been paused during the pandemic. Prior to this, only three patients were referred via this route, all of which were appropriate referrals. The service will restart soon.

Virtual clinics have helped with clinic flexibility.

Action: The document developed by SFT to give instruction to patients and — **H Dunderdale**

carers to disconnect 5FU pumps at home will be circulated to the group.

9. Peer Review

9.1 Concerns to highlight to the Network e.g. Testing and PPE

There are no further concerns to highlight that are affecting CUP services at present. There are some wider concerns about running short of the reagents for PD-L1, but this does not affect CUP.

10. Any Other Business

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

Date of next meeting: Wednesday 5th May 2021, full details to be confirmed.

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