

**Meeting of the SWAG Systemic Anti-Cancer Therapy (SACT) Clinical Advisory Group (CAG)
Wednesday 24th November 2021, 15:30-17:00 via MS Teams**

Chair: Emma Cattell

NOTES

ACTIONS

1. Welcome and apologies

Please see the separate list of attendees and apologies uploaded on to the SWAG [website](#).

2. Review of Previous Notes and Actions

As there were no amendments or comments following distribution of the report from the meeting on Friday 23rd July 2021, the report was accepted.

Actions arising from the inaugural meeting:

Action 001/21 A small group of Lead Nurses should be identified to review protocols:

Network Pharmacist K Gregory confirmed that she has made contact with Lead Chemotherapy Nurses who can disseminate protocols for review amongst colleagues as appropriate.

Action 002/21 Escalation of the need for an automated email notification of change when new or amended protocols are added to the website: The SWAG Cancer Alliance Website Manager confirmed that an automated email alert would be possible to set up. In the interim, H Dunderdale will email details of the new or amended protocols to the regional Lead Pharmacists.

H Dunderdale

Action 006/21 SACT Data Collection J Dunn and E Cattell to contact B Bagnall for the system specialist contact details: It had not been possible to investigate improvement of SACT data collection due to current workload pressures.

All other relevant actions are completed or included on the agenda today.

3. Clinical Opinion on Network Issues

3.1 South West Immunotherapy Group (SWIG) Agenda

Presented by CAG Manager H Dunderdale

SWIG has been adopted as a Cancer Clinical Advisory Group. The next meeting will be face to face with a dial in option and take place in mid-2022. The date will be confirmed when the Chair returns to work on 6th December 2021.

Agenda items will include:

- Workforce development: Specifically to bring together the Lead Cancer Nurses, looking at roles, training and business cases
- Further Immunotherapy Service Developments: Development of late effects clinics, psychological support for patients

- Governance: Regional data collection for the purpose of collaborative audit and research projects
- Training / Education: For example, furthering understanding and optimisation of toxicity management through shared practice (without overlapping /duplicating with the IO Education Forum).

SACT CAG recommendations for SWIG:

- Access to Clinical Trials and discussion of new indications, for example, Tebentafusp for ocular melanoma, at future meetings
- To discuss how Cytokine Release Syndrome is managed across the region
- Wider discussion of workforce, for example a pharmacist in RD&E runs an immunotherapy clinic, which may be a model that could work in SWAG.
- Educational forums are to have a multi-professional focus.

Action: H Dunderdale to discuss SWIG CAG meeting date with Chair

H Dunderdale

3.2 South West SACT Nurses Group

Presented by A Snell

At the most recent meeting of the SACT Lead Nurses in September 2021, the impact of COVID was discussed, and issues relating to COVID testing. There was no consensus on the approach pre-treatment, with some centres recommending Lateral Flow Tests (LFT) at home prior to each attendance and some using PCR tests just at the start.

The impact of COVID on capacity in each unit was also discussed, with the need to socially distance patients within the physical constraints of unit spaces.

All units are struggling with recruitment and retention of nursing staff and discussed why this might be. It was thought that the perception of working in a Chemotherapy Day Unit and the reality of the intensity of the workload is part of the problem.

Several units have appointed practice facilitators which seems to be working well.

Cut off times for prescribing SACT was discussed, with one unit being within 48 hours, otherwise patients were cancelled.

Some Trusts are using the PANDO application, developed by the NHS for secure messaging between teams, which is also working well. You can create teams on it and, for example, if you have a patient with a particular problem, you can put a message out to ask for advice. A similar app is used in UHBW.

The impact of COVID is still being felt, with many patients being treated in isolation. Units are having to adapt to try and do the safest thing on each day.

**CAG
Recommendation
[https://hellopan
do.com/](https://hellopan
do.com/)**

4. Clinical Guidelines

4.1 Antiemetics, Extravasation, Low Magnesium, Diarrhoea policies

It would be useful to have network policies instead of having to update the policies within individual Trusts. There may be slight variations in existing policies across the network.

The antiemetic policy would be difficult to align as many Trusts use different drugs. UHBW have just amalgamated the policies across Bristol and Weston. SFT have amalgamated with the policy in YDH.

The extravasation policy would be the most straight forward for development into a network policy first.

Low magnesium policies, including who is responsible for managing blood results and implementing the provision of magnesium supplements, would be useful. An audit is being undertaken in SFT to identify the regimens which are most likely to cause low magnesium.

Subsequent SACT CAG meetings can focus on the development of one regional policy at a time.

Action: CAG members will provide local extravasation policy documents to H Dunderdale to review and compile into one document for ratification by CAG

H Dunderdale

4.2 Network Pharmacy Update

Presented by SWAG Network Pharmacist K Gregory

The existing SACT protocols are currently being reviewed. Updates are provided at all CAG meetings. The Gynae updates are nearly complete apart from a few queries. Colorectal and Lung will all be updated over the next few months.

Two new protocols for Thyroid have been published; there was previously a gap in this area.

Work will be undertaken with the sarcoma team to prioritise which protocols to produce first, as there is a large gap in this area.

A new protocol for urology is under development.

There are less new protocols being drafted for Haematology at present; activity usually increases after the CAG meeting.

The Denosumab updates undertaken last time for the 'go ahead' parameters have now also been incorporated into the Zoledronic Acid protocol to reduce the number of queries if, for example, someone's phosphate is very slightly outside normal parameters.

Many of the new NICE Technology Appraisal Guidance items are now in draft format for review by the teams, including Apalutamide.

Ribociclib has not been drafted as it doesn't appear to be being used across the patch.

Action: The Carfilzomib, Dexamethasone and Lenalidomide will be drafted by B Bagnall.

B Bagnall

At the most recent network pharmacist group, it was confirmed that there will be a single nation-wide pregnancy prevention programme system for use by all.

Sacituzumab Govitecan is available on compassionate grounds for breast cancer. BHOC are treating their first patient tomorrow. CAG can contact K Gregory if any help is needed to access the drug; it is somewhat complicated by the product's expiry date.

The huge amount of work involved in reviewing and updating all protocol documents was acknowledged.

5. Quality Indicators, Audits and Data Collection

5.1 SWAG SACT Dataset

Presented by H Dunderdale

All CAG members and NHS staff can access cancer statistics datasets via the following website: <https://cancerstats.ndrs.nhs.uk/>

The SACT dataset was examined to see if this contains any data that the CAG would want to interrogate on a regular basis.

It is possible to look at whether data completeness targets are being met, but also possible to filter the data to look at all of the regimens submitted by Trust, and export that data from the website into an excel spreadsheet.

The number of SACT regimens submitted from March-April 2019/20 was compared with March-April 2020/21, which showed very little difference in the amount of chemotherapy given over these years.

It is also possible to look at regimens by treatment intent and performance status, and at the number of patients receiving drugs split by Trust/ Tumour Group / Age / Administration Route.

It would be useful to look at projected activity over a 5 year period to assess future capacity needs, and to look at the split of immunotherapy and chemotherapy regimens over the region and treatment administration route. Outcome data may not be accurate enough to be useful to CAG.

Action: Data completeness will be looked at first to see if it can be used in a meaningful way.

H Dunderdale

Cancer Stats website is useful for looking at information about dose banding.

6. Coordination of Patient Care Pathways

6.1 Mutual Aid

Some regions had set up formal mutual aid agreements during the COVID-19 pandemic. This has been happening in the SWAG region, but it was more ad hoc. SFT are providing aid to RD&E, and RD&E are reciprocating by providing aid to YDH, with the clinicians holding clinics at the different sites. Given the shortages in the workforce, it is important to be able to work flexibly across the patch. BHOC provided aid to Weston when the hospital shut at the beginning of the pandemic, which had involved long working hours and difficulties due to differing hospital information systems.

A meeting was held at the beginning of the pandemic to try and liaise with clinicians and managers across the patch to set up mutual aid agreements. It became apparent that while some Trusts thought mutual aid agreements were already in place, this was not the case.

The conclusion from the meeting was that no assistance for mutual aid was required at that time, and clinical teams will resolve any issues internally or with informal assistance from neighbouring hospitals.

Action: Information on any other outputs from the mutual aid meeting, which was organised by Cancer Alliance Clinical Director T White, will be requested.

H Dunderdale

7. Service Development

7.1 Capacity and Demand United Kingdom Oncology Nursing Society (UKONS) Project

There is a potential future project with some of the Cancer Alliances and UKONS for development of a SACT capacity and demand tool.

Action: H Dunderdale to circulate information on the project when available, for expressions of interest from SACT CAG members

H Dunderdale

An insight tool for mapping processes, modelling scenario planning and supporting business planning of SACT services has been developed by a pharmaceutical company.

Action: H Dunderdale will invite the Pharma Representative to give a brief presentation on the insight tool at the end of the next meeting

H Dunderdale

8. Any Other Business

The next meeting will be Chaired by J Braybrooke. The role of Chair is open to other CAG members at future meetings.

Date and Time of the next meeting: To be agreed by Doodle Poll

-END-