

**Meeting of the South West Network Cancer of Unknown Primary (CUP) Clinical Advisory Group (CAG)**

**Wednesday 11<sup>th</sup> May 2022, 10:00-12:00, via MS Teams**

**Chair: Dr Tania Tillett**

**NOTES**

(To be agreed at the next CAG Meeting)

**ACTIONS**

**1. Review of Last Meeting's Report and Work Programme**

As there were no amendments or comments following distribution of the report from the meeting held on Tuesday 2<sup>nd</sup> November 2021, the report was accepted as accurate and finalised.

**Work Programme:**

**012/15: Identification of Poor Prognostic Support Groups:**

Support groups for people with a poor prognosis have been provided in UHBW and RUH, although face to face groups are still paused at present due to the COVID-19 pandemic. This was developed as part of the Personalised Care and Support (PCS) initiative; it has yet to be replicated in other centres. Although this will only be appropriate for a small number of CUP patients, it would be ideal to offer referrals to such a service which helps with sensitive issues such as Will writing and having conversations with relatives.

**Action: Other centres will consider identifying appropriate support groups for CUP patients.**

**To remain a rolling agenda item**

**009/16: Genomic Testing:**

At the last meeting, it was agreed to start reflex testing for NTRK gene fusions in all CUP patients.

Manchester are starting to provide whole genomic sequencing (WGS) for CUP. WGS is only available in the region for sarcoma, some haematological malignancies and all paediatric malignancies, but it will be made available to all cancer specialties at some point.

CUP CAG members will consider how to incorporate the extra tests into existing pathways. The requirement for fresh frozen tissue samples to be processed has workload implications for pathology and taking an adequate biopsy can also be challenging. Ideally, testing blood samples for circulating tumour DNA (ctDNA) would be used in the future to identify tumour origin.

**006/17: To encourage reformation of an Acute Oncology Clinical Advisory Group:**

It is planned that formation of an Acute Oncology (AO) Clinical Advisory Group will be included in the Job Description of one of the new Cancer Alliance employees. It has been necessary for the Cancer Alliance to prioritise formation of a Non-Site Specific (NSS) CAG at present due to the deadlines associated with setting up this service.

CUP CAG recommends that both AO and NSS CAGs remain separate from CUP CAG as membership / relevant agenda items will not be appropriately covered if they were merged. Both areas require a large amount of work and have complex clinical pathways.

**005/18: Review of serial responders:**

There have been very few incidences of serial responders during the pandemic due to late presentations. This will be revisited one to two years after the pandemic.

**001/19: Royal College of Pathology CUP Dataset:**

The CUP dataset can be used as a helpful tool/guide but completion will not be mandated as it is not practical to complete retrospectively.

A review of histology could be added to the agenda of the next meeting.

**Future agenda item**

**002/19: CUPISCO cross-centre referrals:**

Torbay and RUH Bath are both recruiting to the CUPISCO trial. Squamous cell and neuroendocrine tumour patients are accepted.

Chief Investigator Dr Kai-Keen Shiu will be invited to present at a future meeting.

**H Dunderdale**

**Action: T Tillett and H Dunderdale will recirculate CUPISCO trial eligibility criteria**

**T Tillett, H Dunderdale**

**004/19: Education for staff from Primary Care to Ward Care on delivering diagnoses:**

It would be ideal if the non-site-specific services could provide an educational function that links up with GPs and works closely with palliative care.

This will remain a rolling agenda item.

**007/19: Network Audit: A Prospective Regional Audit of Referrals to CUP Services over 6 Months:**

The referral audit will be repeated prior to the next meeting. It is anticipated that referral numbers will have increased.

**Action: T Tillett / H Dunderdale will circulate an audit proforma**

**T Tillett/H Dunderdale**

H Winter has undertaken an audit of over 300 patients from BHOC and will present the data at the next meeting.

**Action: H Winter to present BHOC Audit at the next CUP CAG meeting.**

**H Winter**

**004/20: Somerset PCN/RDS to resolve inequity in GP access to direct CT requests:**

H Dunderdale contacted A Beattie, GP Clinical Lead for Cancer at Somerset CCG, who confirmed that Somerset GPs do not have direct access to request CT scans via the Order Comms systems. However, they now have access via the new Rapid

Diagnostic Service pilot, which will hopefully resolve the issue for CUP patients. Equitable access to CT within the Peninsula Cancer Alliance region is uncertain.

**005/20: SWAG and Peninsula Rapid Diagnostic Service models to be presented at a future CUP CAG:**

This action will move to the NSS CAG. UHP and RD&E currently do not have access to a robust NSS service. Rapid Diagnostic Services are mandated to be up and running by March 2023.

**006/20: To raise the recommendation of provision of an Enhanced Supportive Care (ESC) with parity across the region:**

C Chamberlain, Consultant in Palliative Medicine, informed CUP CAG that the Enhanced Supportive Care service is in set-up at BHOC for the BNSSG region. This was planned pre-pandemic but stalled due to a change in availability of funds. It will be an invaluable transition service between hospital treatments and stopping treatment, at which point community palliative care services will take over. There is evidence that the service provides cost savings in admission avoidance.

Evidence from the Christie shows an increase in SACT treatment delivered in the last few months of life.

Job descriptions have now been drafted, and the pilot will initially be made available to incurable HPB and UGI patients and then be rolled to lung cancer and other specialties. The palliative care team will work closely with oncologists and aim to meet patients simultaneously and provide concomitant care. A Band 7 Clinical Nurse Specialist will be recruited to run follow up clinics.

C Chamberlain asked for any support from members with special skills in geriatric oncology to join the Steering Group.

A similar ESC service needs to be established in RUH. Early input from the palliative medicine team in joint clinics facilitates discussion of treatment options and potential hospice support.

The ESC service in North Devon Trust is invaluable and comprises a part-time Consultant, Occupational Therapist, Dietitian and a Lead Nurse with broad experience, which has resulted in significant positive benefits for patients.

Lead Cancer Nurse (LCN) R Hendy confirmed that Allied Health Professionals had a joint meeting with LCNs from across the SWAG region on 10<sup>th</sup> May 2022 to discuss frailty assessments and needs for palliative patients.

**002/21: SFT and YDH merger:** There is no update about the merger to date.

**003/21: Clinical Guidelines:** The Guidelines have been updated and will be published on the website in the near future.

**Action: H Dunderdale to publish updated clinical guidelines. H Dunderdale**



## **2. Clinical Opinion on Network Issues**

### **2.1 MDT / Service Changes**

RCH's Non Site Specific pathway officially closed with the resignation of Lead Clinicians. Services are now run by two Acute Oncology Clinical Nurse Specialists.

## **3. Coordination of Patient Care Pathways**

### **3.1 Changes / concerns due to COVID-19**

All services have concerns about the effects of the COVID-19 pandemic on patient referrals and treatment pathways. However, all are learning to adapt to the situation and resume activities under the 'new normal' conditions.

## **4. Service Development Update**

### **4.1 Faster Diagnostic Service**

The Faster Diagnostic Service is the name assigned to the Rapid Diagnostic pilots. The pilot service is expanding across the SWAG region and continues to incorporate more cancer specialties.

## **5. Any Other Business**

This meeting was held as a joint SWAG and Peninsula Clinical Advisory Group meeting and will continue in this format for the foreseeable future.

**Action: CUP CAG members to email agenda items for AOS and NSS CAG meetings to H Winter**

**CUP CAG  
members**

**Date of next meeting: Wednesday 10<sup>th</sup> May 2023.**

**-END-**