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

Meeting of the SWAG Systemic Anti-Cancer Therapy (SACT) Clinical Advisory Group (CAG)

Friday 29th September 2023, 15:30-16:30 via MS Teams

Chair: Jeremy Braybrooke

	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 21st October 2022, the report was accepted as finalised.

Actions arising:

SACT Capacity and Demand Tool: SACT Project Lead C Marsh from Southampton Hospital is happy to share work that is underway in Wessex Cancer Alliance and will be invited to present this at a future meeting.

Action: H Dunderdale to arrange presentation from Wessex Cancer Alliance — **H Dunderdale**

In RUH, a capacity and demand tool has been adopted that was developed in Newcastle upon Tyne. This was useful in terms of looking at administration and chair time, blood results etc. to map out the patient pathway.

Action: To share Capacity and Demand tool from Newcastle upon Tyne — **M Pocock**

CHKS Quality Standards for Chemotherapy: The Radiotherapy Department in SFT has recently been monitored by BSI standards, and it is still unclear what process should be followed for accreditation of SACT services, which were previously CHKS accredited in SFT.

No other SWAG centres are taking part in a similar accreditation process at present, but it was considered useful to explore further.

A message had been sent on the Futures Platform to ask for details from other UK centres after the previous meeting, but no responses have been received to date.

Action: H Dunderdale will contact the Cancer Alliance Futures online platform once again to ask for details on the accreditation processes undertaken by UK SACT centres. H Winter will also ask J Winter, who is the Cancer Alliance National Lead J Winter — **H Dunderdale H Winter**

A National priority is to improve completion of the Cancer Outcomes and Services Dataset (COSD), which includes the items that need to be submitted nationally on a monthly basis via the Somerset Cancer Register. This is more of an issue for the cancer site specific groups rather than SACT CAG.

3. Clinical guidelines

3.1 SWAG Systemic Anti-Cancer Therapy (SACT) Protocols

Presented by Network Pharmacist K Gregory and Cancer Clinical Advisory Group Manager H Dunderdale

Website activity over the last 12 months shows that the protocols were accessed 315,748 times by 30,965 individuals.

Many staff are reliant on the resource; in the event of the occasional website glitch, H Dunderdale receives multiple queries in minutes from numerous sources, but the problem can be rapidly fixed.

The majority of users are from the UK, but it is also accessed by people from all over the globe. It is used most commonly in London, SWAG and the Peninsula.

A total of 384 protocols are available to date with 63 uploaded between January to September 2023, 23 of which are new, and 40 have been reviewed and updated.

Consultant Oncologists and Clinical Nurse Specialists in attendance use the protocols on a daily basis and emphasised the importance of retaining the service, which is routinely used by the SACT nursing team to conduct safety checks.

SWAG protocols are very detailed in comparison to others available and it was questioned if they could be simplified so that more can be completed at speed.

SWAG Network Pharmacist K Gregory provided an update on the numerous new protocols that were due to be published in the near future and those that are due for review, many of which are for Haematological conditions. It is hoped that there will be more engagement to update these after the next Haem CAG.

The number of NICE Technical Appraisals (TA's) rapidly being approved was a challenge to manage, rather than in previous years, when the opposite was the problem. The aim is to try and proactively draft the new protocols by repurposing those that have already been developed. It would be helpful if NICE would include information on the impact that each TA will have on SACT services to facilitate this process.

On the back of previous discussion about the impact of new TA's, the Cancer Alliance allocated funding to each SACT centre several months ago. However, it is unclear how this has been allocated. Regional Pharmacist S Killingworth is in the process of contacting each provider Trust for confirmation and will try to ensure that it is directed to front line improvements.

SACT CAG are encouraged to request the funding whenever an unmet need is identified.

Action: To track how the TA funding is being allocated **H Dunderdale**

Consultant Haematologist S Moore attends today to discuss the Myeloma protocols. Following an initial discussion about the protocols with K Gregory, there is concern that these need to be updated to clarify the mode and frequency of administration and frequency of blood tests to reduce toxicities and phlebotomy.

It was proposed that alternative protocols, which are updated annually, could be referred to in the interim until the updates have been made.

Ideally, every protocol should be reviewed on an annual basis. This was the process in Oxford and, when shared across all colleagues, was not found to be too onerous and was a useful educational event.

The problems with the myeloma protocols had not been flagged with SACT CAG prior to today and will be addressed as a matter of urgency. It would cause significant confusion for the CNS team if directed towards alternative protocols. SWAG protocols contain a level of detail on how to administer SACT that the CNS and pharmacists require, and the alternative protocols do not contain.

The frequency of Haem CAG meetings had been reduced to once per year during the pandemic which could have impacted on the issue not being raised before.

The original authors of the existing protocols had requested the frequency of blood tests, and a separate discussion with all the Myeloma experts needs to take place to gain regional consensus to alter this.

Action: To urgently coordinate a Myeloma protocol update meeting with experts from across the region with input from pharmacy. **H Dunderdale / S Moore**

No other concerns with the SACT protocols have been raised by other teams.

In the interim, work will be undertaken to address the specific concerns raised.

In relation to the funding for SACT TA's, Consultant Oncologist S Gangadhara had been aware of some forecasting work in RUH that had led to a small amount of inhouse funding to invest in pharmacy and CNS workforce approximately 6 months ago. Forecasting work is ongoing to try and continue to influence funding decisions.

SACT CAG recommend increased transparency regarding the TA funding allocation, which had been given following the recommendations made on behalf of Breast CAG by the Chair M Beresford, and on behalf of SWIG CAG by the Chair C Barlow. **SACT CAG Recommendation**

3.2 6MP Adult ALL dosing guidance for TPMT/NUDT15 genotyping

Presented by Network Pharmacist K Gregory

The 6MP adult dosing guidance has recently been released by BOPA.

Action: The guidelines will be hosted on the SWAG website at the top of the page along with the generic guidance. **K Gregory / H Dunderdale**

A process that is similar to how patients with homozygous DPYD variants are managed is being implemented which involves adding an area on the prescribing system where it is possible to input information on any mutations identified and relevant dose reductions to ensure this is accurately documented.

3.3 BOPA Position Statement: H2 Antagonists in Paclitaxel

Presented by Consultant Oncologist E Cattell

In SFT, there is a reluctance to remove H2 antagonists while still on the network protocols. Junior nurses question when it is not prescribed.

This is being removed from the Paclitaxel protocols when they are due for review and is not included in any of the new protocols.

Action: K Gregory will endeavour to update all Paclitaxel protocols in the near future **K Gregory**

3.4 SWAG Extravasation Policy

Presented by Cancer Clinical Advisory Group Manager H Dunderdale

A SWAG Extravasation Policy was circulated prior to the meeting. H Dunderdale merged the policies from SFT, UHBW and NBT; additions have been made in red, and a table has been added for each centre's contact details, and the flow chart has been updated in accordance with the SFT wording, which was the most up to date version.

There are two slightly different classification of agent's tables; opinions of the group are required to establish which is the most up to date.

Another few areas for comments have been highlighted.

Additions that were thought to be useful have also been included from the Truro version, highlighted in purple, including the governance of maintaining the extravasation kit.

Discussion:

SFT plan to update their policy to include central line extravasations; this is a rare complication that is currently not included.

The Plastics team at NBT will be contacted for their input, which may involve recommending a subcutaneous washout of tissues.

Photographs can be sent to the plastics team for advice; response time is usually within one hour. Emergency contact details for the Bristol plastics team:
plasticstraumacoordinators@nbt.nhs.uk
0117 4148300

The contact details for all plastics teams that centres refer to will also be included in the policy.

The policy will also be shared with the South West SACT nurses group on 9th October 2023 for further comments.

The aim is to have a shared policy that avoids duplication of work across centres. When the policy requires updating, the responsibility could be rotated.

How to incorporate the local information required will be explored.

Action: To share the most recently updated extravasation policies and create draft 2 — **S Long / R Saunders H Dunderdale**

3.5 Royal Marsden Infusion Reaction Policy

The Royal Marden Infusion Reaction Policy circulated prior to the meeting was felt to be too unwieldy for SWAG to adopt, and a more concise version will be drafted.

Action: To collate comments to inform SWAG infusion reaction policy — **H Dunderdale**

4. Review of patient care pathways

4.1 Injection clinics and sub-cutaneous SACT

Provision of injection clinics for sub-cut denosumab and Herceptin have been established in UHBW to free up capacity. Atezolizumab has also become sub-cut for first checkpoint inhibitor, and SACT CAG are asked if similar clinics are available across SWAG:

- SFT: No specific clinics; either administered in the Day Unit or by Homecare Companies
- RUH: William Budd Day Unit or Homecare Companies.

Conversion of inpatient regimens to outpatient regimens was another initiative that could free up capacity, but there were challenges with achieving this due to day unit nursing workforce capacity.

Action: To collate regional initiatives to improve efficiency — **SACT CAG/ H Dunderdale**

Some restrictions to change are due to the way sessions are funded. If denosumab is administered in the day unit, this generates £250.00; this would be lost if given in an outpatient setting.

UHBW have partially offset the loss with savings on equipment but have made the move out of necessity as there was no physical space to see these patients.

Action: Examples of restrictions to freeing capacity to be escalated to Management Teams will be revisited at a future meeting — **Future agenda item**

There are Vanguards available to facilitate these changes, but the processes involved in accessing them are so complex that they have yet to be utilised to realise their full potential.

Action: J Dunn, H Winter and E Cattell to explore this further — **J Dunn / E Cattell / H Winter**

5. Quality Indicators, Audits and Data Collection

5.1 SACT dataset

It had not been possible to download the SACT data for review in the meeting today due to technical difficulties with the Cancer Stats website.

Action: A SACT data report will be circulated for review prior to the next meeting — **H Dunderdale**

6. Any other business / future agenda items

Concerns were raised from SFT as the Drugs and Therapeutics committee have muted the use of some anti-inflammatory drugs, such as infliximab and alternatives, and suggested that future funding may need to be sought via the Individual Funding Request (IFR) route, which was rarely successful.

UHBW applied for vedolizumab via IFR recently and the application was rejected as it was treatment for a side effect of cancer treatment rather than a treatment for cancer.

RUH have a local agreement for inhouse funding of infliximab as standard treatment, but also for vedolizumab for a specific group of patients not suitable for infliximab.

Action: To raise with SWAG Cancer Operational Group the need to ensure equity of access across the region. — **H Winter / H Dunderdale**

To discuss electronic consent at the next meeting. — **Future agenda item**

SACT CAG agree to hold the meeting every 6 months and will share any updates via email in the interim.

Date of next meeting: Friday 22nd March 2024, 15:30-17:00 via MS Teams

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