

**Gynae Tumour Site Specific Group**  
**Thursday 4<sup>th</sup> April 2019**  
**Motivation Suite, The Village Hotel, Maidstone**  
**09:00 – 12:30**

**Final Meeting Notes**

<b>Present</b>	<b>Initials</b>	<b>Title</b>	<b>Organisation</b>
Rema Iyer (Chair)	<b>RI</b>	Consultant Gynae Oncologist	EKHUFT
Karen Glass (minutes)	<b>KG</b>	Admin Support	KMCC
Annette Wiltshire	<b>AW</b>	Service Improvement Facilitator	KMCC
Jane Woolford	<b>JWo</b>	InfoFlex Application Manager	KMCC
Tracey Ryan	<b>TR</b>	Macmillan User Involvement Manager	KMCC
Cat Perry	<b>CP</b>	Patient Representative	
Esther Moss	<b>EM</b>	Gynae Oncology Consultant	University Hospitals of Leicester NHS Trust
Samantha Daniels	<b>SD</b>	Gynae Oncology CNS	DVH
Rob Macdermott	<b>RM</b>	Consultant Obs and Gynae	DVH
Jenny Shaw	<b>JS</b>	Macmillan Gynae Oncology CNS	DVH
Michelle Jee	<b>MJ</b>	Macmillan Strategic Cancer Lead	DVH/North Kent CCG
Jo Williams	<b>JWi</b>	Research Nurse	EKHUFT
Sarah Lines	<b>SL</b>	Research Nurse	EKHUFT
Edmund Inetianbor	<b>EI</b>	Gynae-oncology ATSM Specialist registrar	EKHUFT
Andy Nordin	<b>AN</b>	Consultant Gynae Oncologist	EKHUFT
Kannon Nathan	<b>KN</b>	Consultant Clinical Oncologist	EKHUFT
Fani Kokka	<b>FK</b>	Consultant Gynae Oncologist	EKHUFT
Danko Perovic	<b>DP</b>	Gynae Specialist	EKHUFT
Vicky Morgan	<b>VM</b>	Gynae Oncology Nurse Practitioner	EKHUFT
Hany Habeeb	<b>JH</b>	Consultant Gynaecologist	MFT
Karen Flannery	<b>KF</b>	Macmillan Gynae Oncology CNS	MFT
Omer Devaja	<b>OD</b>	Consultant Gynae-Oncologist	MTW
Michael Coutts	<b>MC</b>	Consultant Pathologist	MTW
Justin Waters	<b>JW</b>	Consultant Medical Oncologist	MTW and EKHUFT
Linda Turner	<b>LT</b>	Consultant Radiologist	MTW
Amanda Rabone	<b>AR</b>	ST5 Radiology SpR	MTW
Gaynor Reeve	<b>GR</b>	Gynae CNS	MTW
Michelle George	<b>MG</b>	Gynae Oncology CNS	MTW

Christos Mikropoulos	<b>CM</b>	Clinical Oncologist	MTW
Andreas Papadopoulos	<b>AP</b>	Consultant Gynae Oncologist	MTW
Steve Montalo	<b>SM</b>	Consultant Gynae Oncologist	MTW
Vickie Gadd	<b>VG</b>	Gynae Oncology CNS	MTW
<b>Apologies</b>			
Rosie Baur	<b>RB</b>	Head of East Kent Cancer and Specialised Services Commissioning	East Kent CCG
Sally Allen	<b>SA</b>	Head of System wide Commissioning	West Kent CCG
Danielle Agyeman-Badu	<b>DAB</b>	Macmillan GP	DVH
Pippa Miles	<b>PM</b>	Operational Manager for Cancer and Haematology	DVH
Cathy Peters	<b>CP</b>	Gynae MDT Co-ordinator	DVH
Katherine Entwistle	<b>KE</b>	Consultant Radiologist	EKHUFT
Belinder Stringer	<b>BS</b>	Senior Sister Pre-Assessment Clinic	MFT
Dag Rutter	<b>DR</b>	Consultant in Palliative Medicine	MTW
Heather Dias	<b>HD</b>	Macmillan Specialist Radiographer	MTW
Rema Jyothirmayi	<b>RJ</b>	Consultant Oncologist	MTW
Jeff Summers	<b>JS</b>	Consultant Clinical Oncologist	MTW

Item	Discussion	Agreed	Action
1. TSSG Meeting	<p><b><u>Apologies and review actions from previous minutes</u></b></p> <ul style="list-style-type: none"> <li>• Apologies are listed as above.</li> <li>• The group introduced themselves and RI explained there may-be some late comers due to an accident on the M2.</li> <li>• RI confirmed that the previous minutes were an accurate and true record of the previous meeting.</li> <li>• RI reviewed the previous actions and provided the following update:-                             <ul style="list-style-type: none"> <li>a) British Gynae Cancer Society Guidelines still require updating.</li> <li>b) Future 62 day data – each Trust will be presenting their own data at the meeting</li> </ul> </li> </ul>		RI

		<p>today. c) RI thanked CP for attending the meeting today as the patient rep for EKHUFT.</p>		
2.	<b>Horizon Scanning</b>	<p><b><u>Update by Rema Iyer</u></b></p> <ul style="list-style-type: none"> <li>• RI provided an update from the Cancer Alliance on Cancer and the NHS long term plan. This includes:-</li> <li>• Diagnose 75% of cancers at stage 1 or 2 by 2028.                             <ul style="list-style-type: none"> <li>- including lowering the age for bowel screening</li> <li>- extending lung health checks</li> <li>- rolling out HPV primary screening</li> </ul> </li> <li>• Rapid Diagnostic Centres – to be rolled out across the country.</li> <li>• 28 days for definitive diagnosis or for ruling out cancer.</li> <li>• Personalised care for all patients in order that they would have more of a say in the care received.</li> <li>• Offer of genomic testing to all cancer patients who would benefit.</li> <li>• Speed up the adoption of new effective tests and treatments.</li> <li>• Improve the quality of support patients receive during and after treatment.</li> <li>• Individual care plan and access to support for wider health and well-being.</li> <li>• Quality of life metric to track and respond to the long-term impact of cancer from 2019.</li> </ul>		<p><b>KG to circulate the presentation</b></p>

3.	<b>Sentinel Nodes in endometrial cancer</b>	<p><b><u>Presentation by Omer Devaja</u></b></p> <ul style="list-style-type: none"> <li>• OM provided a detailed presentation on the effects of sentinel node biopsies in endometrial cancer.</li> </ul>		<b>KG to circulate the presentation</b>
4.	<b>New FIGO staging for cervix cancer</b>	<p><b><u>Presentation by Mike Coutts</u></b></p> <ul style="list-style-type: none"> <li>• MC provided an update on the revised FIGO 2018 staging for cervix cancer from 2009.</li> <li>• MC explained the rationale for change and what the main changes are.</li> <li>• MC confirmed the BAGP (British Association of Gynaecological Pathologists) has yet to confirm a UK date for the implementation of the 2018 FIGO staging system. FIGO 2009 should continue to be used until the new guidelines are established.</li> </ul>		<b>KG to circulate the presentation</b>
5.	<b>Performance</b>  <b>62 day each Trust to present</b>	<p><b><u>MFT – update by Hany Habeeb</u></b></p> <ul style="list-style-type: none"> <li>• HH provided an update on the MFT’s 62 day performance data from July to December 2018.</li> <li>• DVH are performing well above the national cancer target of 85% with a slight dip in November 2018 but still in target.</li> <li>• HH confirmed there were 19 patients identified on the 62 day pathway, with two breaches one being a complex pathway and the other a fitness issue.</li> </ul> <p><b><u>EKHUFT – update by Andy Nordin</u></b></p> <ul style="list-style-type: none"> <li>• AN provided an update on EKHUFT’s 2ww data figures from Jan – Dec 2018. AN explained there was 2858 referrals seen in this period which is an increase of 10% since 2017. Clinic Capacity and the introduction of the new PAS system are the largest reasons for breaches.</li> <li>• AN provided an update on 31 day performance data from Jan – Dec 2018 with 241 patients treated which is a 26% increase since 2017.</li> </ul>		<b>KG to circulate the presentations from each Trust</b>

		<ul style="list-style-type: none"> <li>AN also provided an update on 62 day performance data figures from Jan – Dec 2018 with 141 patients treated which is a 15% increase since 2017. Main breach reasons are at the front end of the pathway in delays to diagnosis. 62 day compliance was achieved twice in 2018 with sustained improvement over the year.</li> </ul> <p><b><u>DVH – update by Rob MacDermott</u></b></p> <ul style="list-style-type: none"> <li>RM provided an update on the 62 day performance data figures which is consistently above the national target.</li> <li>RM admitted he rejects some 2ww patients and refers them back to GP's as inappropriate. He has standard letters for these inappropriate referrals. MJ told RM he should not be doing this and he has been spoken to previously.</li> <li>The group agreed this should be looked at outside of this meeting forum as this was not acceptable.</li> </ul> <p><b><u>MTW – update by Andreas Papadopoulos</u></b></p> <ul style="list-style-type: none"> <li>AP provided an update on the Gynae performance data for MTW across all the pathways which generally had not reached the national target of 85% but is improving. AP referred to delays at Tunbridge Wells.</li> <li>AP mentioned they were triaging 2ww referrals at MTW to get on top of the numbers of referrals. AP suggested it would be good to have guidance for all Trusts to use based on what criteria to use when triaging 2ww referrals.</li> <li>There was a further heated discussion regarding 2ww referrals and that training is needed for GP's which needs to be classified and accurate. An action which needs to be taken forward urgently to rectify.</li> </ul>		<p>RI/AW/MJ</p>
<p>6.</p>	<p>Research</p>	<p><b><u>Update provided by Christos Mikropoulos</u></b></p> <ul style="list-style-type: none"> <li>JS sent his apologies as he was unable to attend the meeting today. CM provided an update in his absence.</li> </ul>		<p>KG to circulate the presentation</p>

		<ul style="list-style-type: none"> <li>• CM mentioned the trials currently running at MTW include ICON8 with Horizon Scanning RaNGO, PROTECTOR and RESPECT being set up at MTW.</li> <li>• A presentation was available from Kay Jones (NIHR) but was not referred too (To be circulated for information)</li> <li>• CM hoped to work more closely with EKHUFT who currently had more trials running.</li> </ul>		<b>and the East Kent Gynae-Oncology Clinical Trials April newsletter</b>
7.	<b>Clinical Audit</b>	<p><b><u>Audit on atypical hyperplasia of endometrium – by Mike Coutts</u></b></p> <ul style="list-style-type: none"> <li>• MK provided an update on an audit for atypical hyperplasia of endometrium on behalf of his colleagues Camila Mondaca and Alia Nasir.</li> <li>• MK confirmed the aim of the audit was to assess the concordance between pre and postoperative diagnosis in patients surgically treated for atypical endometrial hyperplasia.</li> <li>• MC provided a summary of conclusions and recommendations as a result of their findings.</li> </ul>		<b>KG to circulate the presentation</b>
8.	<b>Guest Speaker</b>	<p><b><u>Follow-up in Endometrial Cancer – by Esther Moss</u></b></p> <ul style="list-style-type: none"> <li>• RI introduced EM who is a Consultant Gynae Oncologist from University Hospitals of Leicester NHS Trust. RM thanked EM for taking the time to attend this meeting.</li> <li>• EM mentioned endometrial cancer is the most common cancer in the UK with 10,000 cases per year. Type 1 endometrial cancer is the most common type and is on the rise due to an increase in patient age, diabetes and BMI levels. 40% of endometrial cancer is Type 1 or Type 2.</li> <li>• EM provided an interesting and detailed presentation on the “Patient Initiated Follow Up” (PIFU) pathway which has run for nearly 5 years commencing in Sept 2014. (Unable to circulate this presentation)</li> <li>• EM confirmed there has been a 95% uptake of patients taking up PIFU and the outstanding 5% equates to mental health issues as the main reason for not following up.</li> <li>• Patients who meet the selection criteria via the Gynae MDT are advised to follow the PIFU pathway for 5 years after their definitive cancer treatment. EM reiterated the importance of the CNS’s who are the lynch pin for this service. EM confirmed</li> </ul>		

		<p>they use InfoFlex at Leicester to monitor and produce End of Treatment summaries and reminder letters.</p> <ul style="list-style-type: none"> <li>• EM confirmed the benefits of PIFU are:-</li> <li>• Clinics are more manageable</li> <li>• Psychological support and survivorship course helps</li> <li>• Financial savings for both the NHS and patients</li> </ul> <ul style="list-style-type: none"> <li>• EM provided an update on Circulating tumour DNA which is found in the bloodstream and refers to DNA that comes from cancerous cells and tumours.</li> <li>• EM mentioned the University of Leicester is a world leader in ctDNA and conducted a pilot study in 2017 for routine follow up and recurrences in patients. The pilot focused on 65 patients who were low or high risk, 8 patients were progressive or had deceased.</li> <li>• EM confirmed doing a blood test could measure the levels of tumour-derived DNA in the blood which could be done before having Chemotherapy.</li> <li>• The next stage of the pilot is to determine how accurate the circulating DNA for detecting local or distant recurrence is. They are currently waiting for further funding to recruit more patients undergoing Chemotherapy.</li> <li>• EM concluded the future for endometrial cancer is bright and there is an ongoing improvement in survivorship.</li> <li>• AN provided an update from an EKHUFT perspective regarding the BGCS gynae oncology meeting which took place in February 2019 to discuss suitable patients who could follow PIFU.</li> <li>• AN confirmed further discussion was needed to update the BGCS Guidelines at the next Gynae TSSG meeting on the 10<sup>th</sup> October 2019. AN asked that these details remain within the room as it is unpublished data.</li> <li>• AN added funding was needed from the CCG's (NHSE) to provide CNS support and to implement the recovery package. MJ confirmed the recovery package has</li> </ul>		<p style="text-align: center;"><b>RI/AW</b></p>
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		been implemented for the Breast stratified pathway.		
9.	<b>Patient &amp; Public Engagement</b>	<p><b><u>Introduce new patient rep – by Tracey Ryan</u></b></p> <ul style="list-style-type: none"> <li>• TR introduced the new patient representative, Cat Perry to the meeting today.</li> <li>• CP gave a frank and honest account of her diagnosis of vulva cancer in 2017 and the impact it has had on her and her partner.</li> </ul>		
10.	<b>CNS Updates</b>	<p><b><u>Update provided by Vickie Gadd</u></b></p> <ul style="list-style-type: none"> <li>• VG mentioned the CNS's present met before the meeting today and confirmed there are two new CNS's in post Diane at EKHUFT and Jenny at DVH.</li> <li>• VG confirmed they have set up a pelvic late effects clinic at MTW and there will be teaching sessions set up. VG agreed to feed back the results of this at the next Gynae TSSG meeting.</li> </ul>		<b>VG/AW</b>
11.	<b>Primary Care and Commissioning</b>	<ul style="list-style-type: none"> <li>• MJ confirmed she had no update for the meeting today from a CCG perspective.</li> </ul>		
12.	<b>AOB</b>	<ul style="list-style-type: none"> <li>• AN mentioned the Ovarian Cancer Audit Feasibility Pilot is up and running and is jointly funded by BGCS and Ovarian Cancer Action for 2 years.</li> </ul> <p><a href="http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/gynaecological_cancer/gynaecological_cancer_hub/ovarian_cancer_audit_feasibility_pilot">http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/gynaecological_cancer/gynaecological_cancer_hub/ovarian_cancer_audit_feasibility_pilot</a></p> <ul style="list-style-type: none"> <li>• AN asked the attendees to register on the Cancer Stats 2 website which is password protected.</li> <li>• <a href="https://cancerstats.ndrs.nhs.uk">https://cancerstats.ndrs.nhs.uk</a></li> <li>• RI concluded the meeting by thanking everyone for coming to the meeting today.</li> </ul>		

13.	Date of next meeting	<ul style="list-style-type: none"><li>Thursday 7<sup>th</sup> November 2019 – Great Danes (Mercure) Hotel, Maidstone, ME17 1RE – 13:00 – 17:00</li></ul>		Invites to be circulated by KG
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