

Haematology Tumour Site Specific Group meeting
Wednesday 16th November 2022
Great Danes (Mercure) Hotel
09:00-12:30

Final Meeting Notes

Present	Initials	Title	Organisation
Lalita Banerjee (Chair)	LB	Consultant Haematologist	MTW
Fathi Al-Jehani	FAJ	Consultant Haematologist	MTW
Annabel Page	AP	Senior Research Nurse for Haematology/Lymphoma Cancers	MTW
Emma Richardson-Smith	ERS	Haemato-oncology CNS	MTW
Deborah Willcox	DW	Senior Haematology Research Nurse	MTW
Joyce van den Camp	JVDC	Macmillan Haemato-oncology CNS	DVH
Charan Basra	CB	Macmillan Lead Haemato-oncology CNS	DVH
Joy Galani	JG	Consultant Haematologist	DVH
Michelle McCann	MM	Operational Manager for Cancer & Haematology	DVH
Skye Yip	SY	Consultant Haematologist	DVH
Joy Ezekwesili	JE	Consultant Haematologist	DVH
Sree Munisamy	SM	Consultant Haematologist	EKHUFT
Stephanie Goodchild	SGo	Macmillan Lead CNS - Haemato-oncology and Lymphadenopathy	EKHUFT
Claire Mallett	CMal	Programme Lead – LWBC/PC&S	KMCA
Caroline Waters	CWa	Network Lead Pharmacist	KMCC
Michelle Archer	MAR	Pharmacy Technician	KMCC
Karen Glass	KG	Administration & Support Officer	KMCC
Annette Wiltshire	AW	Service Improvement Lead	KMCC
Colin Chamberlain (Notes)	CC	Administration & Support Officer	KMCC
Sarah Arnott	SA	Consultant Haematologist	MFT
Emma Bourke	EB	Macmillan Personalised Care and Support Facilitator	MFT
Maadh Aldouri	MAI	Consultant Haematologist	MFT
Nahla Osman	NO	Consultant Haematologist	MFT
Gayzel Vallerjera	GV	Senior Clinical Research Practitioner	MFT
Sabita Pokharel	SP	Research Nurse	MFT
Sudarshan Gurung	SGu	Consultant Haematologist	MFT
Kirsty Hearn	KHe	Service Manager	MFT
Natasha Wilson	NW	Macmillan Haemato-oncology CNS	MFT
Kerry Holmes	KHo	Haemato-oncology CNS	MFT
Ann Courtness	AC	Macmillan Primary Care Nurse Facilitator	NHS Kent & Medway ICB
Apologies			

Clayton Wong	CWo	Lead Clinical Pharmacist - Cancer and Planned Care	DVH
Marie Payne	MP	Lead Cancer Nurse / Clinical Services Manager	DVH
Sarah Collins	SC	Operations Director - CCHH Care Group	EKHUFT
Jin Lindsay	JL	Consultant Haematologist	EKHUFT
Lavinia Davey	LD	Senior Clinical Trials Coordinator	EKHUFT
Pippa Enticknap	PE	Senior Service Manager - CCHH Care Group	EKHUFT
Sarah Howland	SH	General Manager - CCHH Care Group	EKHUFT
Pramila Krishnamurthy	PM	Lead Clinical Pharmacist - Cancer and Planned Care	King's College Hospital
Cathy Finnis	CF	Programme Lead – Early Diagnosis	KMCA
Sarah Barker	SB	Project Manager – Early Diagnosis	KMCA
Serena Gilbert	SGi	Cancer Performance Manager	KMCA
Helen Downs	HD	Aria System Administrator	KMCC
Cynthia Matarutse	CMat	Lead Cancer Nurse	MFT
Handunneththi Mendis	HM	Consultant Haematologist	MFT
Clare Wykes	CWy	Consultant Haematologist	MTW
Jeff Summers	JSu	Consultant Clinical Oncologist	MTW
Dhalvir Midda	DM	Lead Oncology and High Cost Drugs Pharmacist	MTW
John Schofield	JSc	Consultant Pathologist	MTW
Carolyn Gupwell	CG	Haemato-oncology CNS	MTW
Claire Williams	CWi	Haemato-oncology CNS	MTW
Elvis Aduwa	EA	Consultant Haematologist	MTW
Evangelina Dimitriadou	ED	Consultant Haematologist	MTW
Kavi Robinson	KR	Haemato-oncology CNS	MTW

Item		Discussion	Action
1	TSSG Meeting	<p><u>Apologies</u></p> <ul style="list-style-type: none"> The apologies are listed above. <p><u>Introductions</u></p> <ul style="list-style-type: none"> LB welcomed the members to the meeting and asked them to introduce themselves. <p><u>Action log Review</u></p> <ul style="list-style-type: none"> The action log was reviewed, updated and will be circulated to the members along with the minutes from today's meeting. <p><u>Review previous minutes</u></p> <ul style="list-style-type: none"> The previous minutes were not reviewed. 	

		<p>More knowledge around the most common haematological malignancies is needed to ensure the pathways from primary into secondary care are beneficial to patients.</p> <ul style="list-style-type: none"> AC encouraged the members to participate in primary care sessions and highlighted the importance of having representation from all Trusts. LB suggested it would be worth considering putting in place a primary care-haematology study day with representation from consultants and CNS' at each Trust. She would be happy to chair this meeting. Trusts often receive inappropriate referrals and SA believes it would be helpful for this to be raised and discussed with primary care colleagues in an attempt to rectify the problem. SGo stated she would be happy to provide a talk on lymphoma at a primary care session. It was mentioned by a number of members that getting through to a GP by telephone is, and has been for some time, an issue. AC responded to this by stating she could provide colleagues with bypass numbers in order for healthcare professionals to get through to GPs quicker. 	
5	Iron Chelation in MDS	<p><u>Presentation provided by Sree Munisamy</u></p> <ul style="list-style-type: none"> SM provided the group with a summary of iron chelation therapy. His presentation provided an overview of: <ul style="list-style-type: none"> - Eligibility criteria. - Screening. - Treatment. - Monitoring. - Discontinuation. - The EKHUFT Desferrioxamine (Desferal) patient information sheet. Action: SM stated he had worked on putting together a SOP for this treatment at EKHUFT and will share this with LB and AW. SY stated Desferal is not used at DVH. 	SM
6	Clinical Audit	<ul style="list-style-type: none"> No-one had an audit to present at today's meeting. MFT are, however, currently working on 2 audits. Action: All Trusts to undertake an audit for presentation at the next meeting. 	All Trusts
7	Performance	<p><u>Questions for performance</u></p> <ul style="list-style-type: none"> According to the data presented, the 1 and 5 year survival for myeloma in Kent & Medway is below that of England as a whole. Kent & Medway has a significantly lower incidence of myeloma than England as a whole but a higher level of mortality. A number of members believed the data presented was inaccurate. Action: LB stated it would be helpful to know the figures for other cancer alliances with regard to haematological cancer survival. SY mentioned it would be helpful to have data on myeloma survival rates on a Trust level. AW to feed these queries back to David Osborne (Data Analyst – KMCA). SM stated it would be helpful to see the statistics stratified by age as approximately 25% of patients are too elderly/unfit to be treated. <p><u>DVH – update provided by Michelle McCann</u></p>	AW

		<ul style="list-style-type: none"> • Please refer to the performance slide pack for an overview of the Trust's data. • MM mentioned there has been an increase in the number of patients coming through to haematology from other tumour sites which can have an impact on performance statistics/breach numbers. <p><u>EKHUFT – presentation provided by Stephanie Goodchild</u></p> <ul style="list-style-type: none"> • Please refer to the performance slide pack for an overview of the Trust's data. <p><u>MFT – presentation provided by Kirsty Hearn</u></p> <ul style="list-style-type: none"> • Please refer to the performance slide pack for an overview of the Trust's data. • KH believes the quality of a number of referrals coming through to the service are inadequate. <p><u>MTW – presentation provided by Lalita Banerjee</u></p> <ul style="list-style-type: none"> • Please refer to the performance slide pack for an overview of the Trust's data. • Chemotherapy is predominantly provided at Maidstone Hospital now rather than Tunbridge Wells Hospital. • PET scan reporting is currently an issue. 	
8	Prehab service update	<p><u>Update provided by Lalita Banerjee</u></p> <ul style="list-style-type: none"> • 2 prehab service meetings have taken place since the last Haematology TSSG meeting and another one will be scheduled shortly. • Tara Rampal (Consultant Anaesthetist – King's College Hospital) will be invited to the next TSSG to provide an update relating to the service. 	
9	Clinical Pathway Discussion	<p><u>Leukaemia POC</u></p> <ul style="list-style-type: none"> • Action: The leukaemia PoC document still requires updating. LB stated she would contact Jayne-Marie Osborne in order to request an update in relation to the completion of the document. <p><u>Myeloma POC</u></p> <ul style="list-style-type: none"> • JG stated she had worked on updating this document and it was briefly reviewed on screen to highlight where changes had been made. Action: The document will be circulated to the members on 17.11.2022 and the closing date for comments is close of play on 25.11.2022. 	<p>LB</p> <p>AW</p>
10	Research update	<p><u>DVH</u></p> <ul style="list-style-type: none"> • The following trials are currently open: <ul style="list-style-type: none"> - REMODEL-A. - UK ITP registry. - MCL Biobank. <p><u>EKHUFT</u></p> <ul style="list-style-type: none"> • ENHANCE has now closed. • RADAR is still being recruited to. • REPAIR-MDS is currently open. 	

		<p><u>MFT</u></p> <ul style="list-style-type: none"> • Current open portfolio studies include: <ul style="list-style-type: none"> - CHIP. - UK Adult IPT Registry. • Studies in set-up include: <ul style="list-style-type: none"> - CADENCE Registry. - RAINBOW. • Studies the team have expressed an interest in include: <ul style="list-style-type: none"> - A Study of Zilovetamab and Ibrutinib in Patients With Relapsed or Refractory Mantle Cell Lymphoma. - APOLLO+ Registry. • Planned activities for 2022-23 include: <ul style="list-style-type: none"> - Recruiting at least 2 patients for opened studies per month for this financial year. - Increasing commercial trial activity. - Completing set-up for the RAINBOW and CADENCE Registry studies (opening Q1 in 2023). • GV provided the group with an overview of the haematology trial performance statistics compared to previous years. • GV also provided a summary of the trials recruitment per specialty between April and September 2022. • Challenges to recruitment and activity include capacity and capability and study complexity. <p><u>MTW</u></p> <ul style="list-style-type: none"> • Studies/trials open and in set-up include: <ul style="list-style-type: none"> - Myeloma XIV. - RADAR. - REMODEL-A. - MOMENT. - IMpactMF. - ECHELON-3. • SA believes a relapsed refractory myeloma study should be opened in Kent & Medway, although this will require some work due to the need for inpatient monitoring. 	
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11	CNS Updates	<p><u>DVH – update provided by Charan Basra</u></p> <ul style="list-style-type: none"> • The team comprises of 3 CNS' (including 1 non-malignant CNS). • The team's CSW, who started with the service in April 2022, will be leaving shortly but a replacement has been recruited to and they will start in December 2022. • Bone marrow clinics take place on Wednesday afternoons. A number of other clinics (including ones for HNAs, transplant patients and telephone/virtual clinics) are also in place to support patients. • Room space in the outpatient department is currently an issue. <p><u>EKHUFT – update provided by Stephanie Goodchild</u></p> <ul style="list-style-type: none"> • The team comprises of 4 full-time CNS' and a CSW. There is currently a post vacant for an additional CSW. • The team have undertaken a lot of remote monitoring work and a CLL monitoring service has been set up. There are, however, some issues with the phlebotomy service. <p><u>MFT – update provided by Natasha Wilson</u></p> <ul style="list-style-type: none"> • The team comprises of 6 CNS (with 2 Band 7s working part-time), 4 CSWs, a full-time Band 6 and 2 full time Band 4s. • The team are working on improving their HNA figures. • A telephone nurse-led clinic is in place. • The team support registrar colleagues. • The team have a number of plans on how to improve their service. <p><u>MTW – update provided by Emma Richardson-Smith</u></p> <ul style="list-style-type: none"> • Ruth Hunt has officially retired leaving 5 part-time CNS' across both sites (with 1 on sick leave until after Christmas 2022). There is a total of 15 hours vacant but there are no plans to recruit to this at present. • There are 2 MPN clinics, 2 pre-chemo clinics, 1 bone marrow clinic and 1 pre-chemo chat clinic in place each week. • At present there is an increased workload due to the lack of consistency with the oral chemotherapy pathway. This is a work in progress to formulate an improved process. • There is a lack of education and learning as the CNS team are unable to provide cover to allow time for training. • The Haematology and Oncology Day Unit (HODU) is open 3 days a week due to lack of staffing which is causing huge capacity issues for Chartwell Unit. • Bedbound/immobile patients are becoming more transfusion-dependent but are not suitable for day units and there are problems in finding them a suitable area for supportive medications/treatments. • The team continue to teach and train new registrars to undertake bone marrows. • 2 new consultants are now in place at Maidstone Hospital. • CNS' are more present in breaking bad news and are now trained in InfoFlex so will begin to evidence this. • A gap analysis of the service is being reviewed to evaluate the provision of CNS services across sites. 	
12	Remote	<ul style="list-style-type: none"> • Due to technical issues these items were not discussed. Reuben Benjamin's presentation will, however, be 	

	monitoring in MGUS/MM	circulated to the group.	
	Aseclus App		
13	AOB	<ul style="list-style-type: none">• No-one had anything to raise under any other business.	
	Next Meeting Date	<ul style="list-style-type: none">• To be confirmed.	