

Gynaecological Cancer

A High Level Operational Policy

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1.0 Introduction and background

The purpose of this document is to provide the Kent & Medway Cancer Collaborative (KMCC), Trusts, Commissioners and all Clinicians engaged in the management of Gynaecological Cancers with an overview of the minimum requirements to be addressed in order to achieve Improving Outcomes Guidance (IOG) compliance.

The KMCC Gynaecology Tumour Site Specific Group (TSSG) will be the KMCC's source of guidance on both the implementation of the Gynaecological Cancer IOG as well as Clinical Protocols and Policies.

An important aim of this document is to provide an overview of the recommendations of the KMCC Gynaecological TSSG on processes to ensure the delivery of clinically safe, evidenced based, clinically effective and IOG compliant Gynaecological Cancer Services.

This document does not aim to provide guidance on the clinical aspects of patient management. The clinical guidance recommendations of the KMCC Gynaecology TSSG will be found in the following documents:

- A Pathway of Care for the Management of Cervical Cancers
<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/gynaec-tssg/>
- A Pathway of Care for the Management of Endometrial Cancers_
<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/gynaec-tssg/>
- A Pathway of Care for the Management of Ovarian Cancers_
<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/gynaec-tssg/>
- A Pathway of Care for the Management of Vaginal & Vulval Cancers_
<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/gynaec-tssg/>
- Follow Up Guidelines for Gynaecological Cancers_
<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/gynaec-tssg/>
- Imaging 4 Cancer_
<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/gynaec-tssg/>

2.0 Kent & Medway Cancer Collaborative

The KMCC has a resident population of about 1.9 million. Some residents from Sussex flow into Kent for oncological treatments expanding the population to approximately 2 million.

Total locality population	781,376			463,000		647,444	
Trusts	EKHUFT East Kent Hospitals University NHS Foundation Trust			MTW Maidstone & Tunbridge Wells NHS Trust		DVH Darent Valley Hospital (Dartford, Gravesham & Swanley)	MFT Medway NHS Foundation Trust (Medway & Swale)
Hospitals	K&C Kent & Canterbury	QEQM Queen Elizabeth the Queen Mother	WHH William Harvey	TW Tunbridge Wells	MS Maidstone	DVH Darent Valley Hospital	MMH Medway Maritime Hospital

Note

Whilst geographically outside K&M, for the purposes of cancer the Queen Victoria Foundation Trust (QVH) at East Grinstead fall under the umbrella of K&M

3.0 Catchment populations, Trusts, Diagnostic / Specialist Teams

- The Specialist Gynae MDT for East Kent is based at QEQM for the 3 hospital/single East Kent Hospitals University NHS Foundation Trust
- In East Kent there are diagnostic facilities at, K&C, QEQM and WHH, however there is only one diagnostic MDT which is part of the Specialist MDT
- The Specialist Gynae MDT for West Kent & Medway is based at Maidstone
- There are diagnostic facilities at DVH, Maidstone, Medway and Tunbridge Wells; each diagnostic facility has a dial in slot to the weekly West Kent Specialist MDT
- Video conferencing is used in both East & West Kent to facilitate meetings

	Trust	Key Hospitals providing diagnostic services	MDT/Specialist Surgical Centres
Eastern & Coastal Kent (Patients flows from Swale are mainly into Medway Maritime)	East Kent Hospitals University NHS Foundation Trust	K&C (Canterbury)	QEQM (Team 1)
		QEQM (Thanet)	
		WHH (Ashford)	
Medway & Swale Dartford, Gravesham & Swanley (DGS)	Medway Foundation Trust Hospital	MFT (Medway & Swale)	MTW (Team 2)
	Dartford, Gravesham & Swanley (DGS)	DVH	
West Kent	Maidstone & Tunbridge Wells NHS Trust	Maidstone	
		Tunbridge Wells	

4.0 Responsibilities of the Gynae Tumour Site Specific Group

The Kent & Medway Cancer Network established a Gynaecological Cancer Disease Orientated Group (DOG), now known as a Tumour Site Specific Group (TSSG) in 2000.

- The TSSG is IOG compliant
- The TSSG has multidisciplinary / multi-professional membership which is drawn from:
 - Each of the acute Trusts providing Local / Specialist level service
 - Primary Care
 - Patient / Users

Named Leads for the Gynae TSSG are:

Chair	:	Dr Rema Iyer, Consultant Gynaecological Oncologist
KMCC Lead	:	Annette Wiltshire, KMCC
Non-Surgical Oncology Group (NOG) Lead	:	To be appointed
Research and Trials Lead	:	Dr Rema Iyer Consultant
Users Issues Lead	:	Vickie Gadd, CNS
Named Admin Support	:	Karen Glass & Colin Chamberlain, KMCC

- A copy of the full list of current membership/attendance record is located on the KMCC website: <http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/gynae-tssg/>
- A copy of the full Terms of Reference for all TSSGs is located on the KMCC website: <http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/>
- A copy of the TSSG Chair Job Description is located on the KMCC website: <http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/>

4.1 Research & Trials

It is the responsibility of the TSSG Chair to ensure that the Clinical Trials Report is discussed at the two TSSG meetings held within the 12 month period.

- The national initiative to restructure the Research Networks to 15 Local Research Networks has resulted in a reconfigured structure for delivering clinical research across England
- The three local Cancer Research Networks are now part of the NIHR Clinical Research Network: Kent, Surrey and Sussex
- The new organisation coordinates clinical research and facilitates study set up and delivery, through 30 disease specialties, of which Cancer is one
- The transition to the new organisational structure is ongoing and when the Research work plan is formalised, it will be included in the TSSG work plan
- The Research and Trials discussion at each TSSG provides the platform for discussion of cancer clinical studies and act as a resource for information pertaining to those studies

4.2 Non-Surgical Oncology Group (NOG)

The Gynae NOG was formally established in 2008.

- A copy of the NOG full Terms of Reference is available on the KMCC website: <http://kmcc.nhs.uk/tumour-sites/terms-of-reference/>
- A copy of the Oncological Treatment of Gynaecological Cancer is located on the KMCC website: <http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/gynae-tssg/>

5.0 Children & Young People (CYP) / Teenage & Young Adult (TYA)

5.1 Children & Young People (CYP)

Children and Young People with Gynaecological Cancers will be treated in accordance with principles set out in the CYP IOG.

All Children and Young people up to the age of 18 must be referred to the CYP Principal Treatment Centre which for KMCC is based at the Royal Marsden.

All Young People between 16 and 24 years of age must be offered a referral to the CYP Treatment Centre.

Referral to a CYP Principal Treatment Centre does not necessarily mean that treatment will be undertaken at that centre; shared care management protocols may allow some treatments to be undertaken locally.

5.2 Teenage & Young Adult (TYA)

The main principles in the Teenage & Young Adult guidance are as follows:

- The 16-18 age group should be seen and treated at the TYA Principal Treatment Centre (PTC) and have their management plans discussed by the TYA PTC, although shared care can be arranged as part of the pathway
- Young Adults aged 19-24 years must be given choice where they would like to be treated either:
 - In the TYA Principal Treatment Centre.**Or**
 - An adult service designated by commissioners to treat young adults 19 to 24 years.
- In both cases all young people must be given access to the services and resources offered by the TYA MDT at the PTC, this may be remotely or through specified clinical services or supportive activities, and each trust will need a mechanism to identify all new TYA patients regardless of which MDT they initially present to.

6.0 Data, Data Collection

Collection of data at each stage of the pathway is the responsibility of the team looking after the patient at that time. The minimum dataset agreed by the TSSG will be a combination of those data items that meet national requirements, and additional items as agreed by the TSSG.

National data requirements will include:

- Cancer Waiting Times monitoring, including Going Further on Cancer Waits. The data items required will be as defined in ISB0147 at the time of referral and/or treatment.

Details of the Cancer Waiting Times dataset are available from:

http://www.datadictionary.nhs.uk/data_dictionary/messages/clinical_data_sets/data_sets/national_cancer_waiting_times_monitoring_data_set_fr.asp

Cancer Waiting Times data will be submitted according to the timetable set out in the National Contract for Acute Services.

- The Cancer Outcomes and Services Dataset. The data items will be as defined in ISB1521, and any subsequent versions, at the time of diagnosis and/or treatment. The requirement will include those fields listed in the “Core” section of the dataset, and any additional tumour site specific sections, as applicable.

Details of the COSD are available from:

http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd.aspx

Cancer Registration and Cancer Outcomes and Services (COSD) data will be submitted according to the timetable set out by the National Cancer Registration Service (NCRS).

- Where applicable, teams will also collect additional data items as defined in any corresponding National Clinical Audit Support Programme (NCASP) audit dataset.

Details of these datasets are available from:

<http://www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/cancer>

Data for NCASP audits will be submitted, where applicable, according to timetables as agreed by the TSSG, and within the overall submission deadlines for each audit.

Submission of data to meet these national requirements will be the responsibility of each individual Trust.

Note that these standards are subject to variation from time to time, and where these requirements change, the data items required to be collected by the team will also change in line with national requirements.

Local data requirements will include any additional data items as agreed by the TSSG. These must be selected to avoid overlap with any existing data items, and where possible must use standard coding as defined in the NHS Data Dictionary.

Where possible and applicable, InfoFlex will be used for the collection and storage of data.

Additional areas of the COSD, relating to pathology, radiotherapy, SACT, diagnostic imaging and basic procedure details will feed into the dataset from other nationally mandated sources. It is the responsibility of each team to ensure that the whole of the relevant dataset is collected, and it is acknowledged that this may come from a variety of sources.

7.0 Pathology

All KMCC reporting pathologists follow The Royal College of Pathologists Histopathology Reporting on Cancers guidelines – a copy of which is available through the KMCC website:-

<http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/pathology-group/>

Core Cell Path members of the MDT should be taking part in a general (but recognised) EQA scheme. It is expected that each Trust will monitor this and inform the KMCC in the event of any deviation from this. The Trusts should also take responsibility for agreeing and implementing any remedial actions arising from either [a] any non-compliance with this measures and / or [b] matters identified through the EQA process.

Core Cell Path members of the KMCC Gynae Teams (and any other Cellular Pathologist providing a Gynae Service) will participate in any Gynae TSSG agreed cell path related audits.

8.0 Imaging

Imaging guidelines for gynaecological cancer can be located in the KMCC agreed document located on the KMCC website on the following link: <http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/diagnostics-group/>

9.0 Glossary

Acronyms in common usage throughout KMCC documentation

CNB	Cancer Network Board
CYP	Children & Young People (in relation to the IOG)
DCCAG	Diagnostic Cross Cutting Advisory Group
DOG	Disease Orientated Group (NSSG/TSSG/TWG)
DVH	Darent Valley Hospital
EK	East Kent
EKHUFT	East Kent Hospitals University Foundation Trust
HoP	High Level Operational Policy
IOSC	Improving Outcomes: A Strategy for Cancer
K&C	Kent & Canterbury Hospital, Canterbury, (EKHUFT)
K&M	Kent & Medway
KMCA	Kent & Medway Cancer Alliance
KMCC	Kent & Medway Cancer Collaborative
LSESN	London & South East Sarcoma Network
MFT	Medway Foundation Trust
MTW	Maidstone & Tunbridge Wells NHS Trust
NOG	Non-Surgical Oncology Group (<i>Permanent oncologist sub group of the TSSGs with a specific responsibility for chemo/rad pathways and advice to the TSSG, KMCC and geographical locations on new drugs</i>)
PoC	Pathway of Care (<i>KMCC agreed disease site specific clinical guidelines</i>)
PTC	Principal Treatment Centre
QEQM	Queen Elizabeth the Queen Mother Hospital, Margate (EKHUFT)
QoL	Quality of life
RAT	Research and Trial Group (<i>Permanent sub-group of the TSSGs with a specific responsibility for taking forward the clinical trials agenda</i>)
RMH	Royal Marsden Hospital
RNOH	Royal National Orthopaedic Hospital
QVH	Queen Victoria Foundation Trust Hospital East Grinstead
TSSG	Tumour Site Specific Group
UCLH	University College Hospital London
WHH	William Harvey Hospital, Ashford (EKHUFT)
WK	West Kent

10.0 Revision History

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July 2014	5.3	DRAFT: updated all admin text regards deletion DOG, replace with TSSG; updated weblinks; removed PCTs; updated named individuals; removed KMCN, replaced with KMCC etc	C.Tsatsaklas
October 2014	5.4	DRAFT – updated Chair name and KMCC Lead. Reviewed and approved by J.Waters for the Gynae TSSG	N.Aluwalia / J.Waters
December 2014	6.0	FINAL published version as ratified by the O&Q Group	N.Aluwalia
July 2016	6.1	Revisions due to document nearing expiry. AP to review content with NA	N.Aluwalia/A.Papadopoulos
August 2016	6.2	Amendments to TYA/Children sections and section 9.0. Also amended weblinks No comments received following circulation to Mr Habeeb and R.MacDermott	N.Aluwalia
September 2016	6.3	Circulation for final ratification to O&Q	N.Aluwalia
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October 2018	8.0	Amendments to Section 4.0 & 10.0 new Chair & KMCC Leads	R Iyer /A Wiltshire

November 2020	8.1	Draft – amendments/updates to section 4.0 for NOG Lead & Research Lead	R Iyer /A Wiltshire
January 2021	9.0	Final – section 4.0 completed	R Iyer /A Wiltshire
August 2022	10.0	Final – Revision of document nearing expiry date	R Iyer / A Wiltshire