Thyroid Tumour Site Specific Group meeting
Tuesday 6th October 2020
MS Teams
10:00 – 13:00

Final Meeting Notes

Present	Initials	Title	Organisation
Jeremy Davis (Chair)	**JD**	Consultant ENT Surgeon	MFT
Bikram Bhattacharjee	**BB**	Consultant Radiologist	DVH
Lesley Northam	**LN**	Lead Sonographer	DVH
Padmini Manghat	**PM**	Consultant - Biochemistry	DVH
Ali Al-lami	**AAL**	Consultant ENT/ Head & Neck Surgeon	EKHUFT
Sue Honour	**SH**	Macmillan Head & Neck and Thyroid CNS	EKHUFT
Abbi Brissenden	**ABr**	Macmillan Head & Neck and Thyroid CNS	EKHUFT
Chris Theokli	**CT**	Consultant ENT / Head & Neck	EKHUFT
Alistair Balfour	**AB**	Consultant ENT	EKHUFT
Nicola Chaston	**NC**	Consultant Pathologist	EKHUFT
Edmund Lamb	**EL**	Clinical Director of Pathology	EKHUFT
Elizabeth Hall	**EH**	Principal Biochemist	EKHUFT
Eranga Nissanka-Jayasuriya	**ENJ**	Consultant Head & Neck Histopathologist	EKHUFT
Amara Arinzeh	**AA**	Data Analyst	KMCA
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Colin Chamberlain (IT)	**CC**	Admin Support	KMCC
Karen Glass (Minutes)	**KG**	Admin Officer	KMCC & KMCA
Tracey Ryan	**TR**	User Involvement Manager	KMCC & KMCA
Rakesh Koria	**RK**	Macmillan GP Associate Advisor Kent & Medway	South Kent Coast CCG
Maria Acosta	**MA**	Consultant of Nuclear Medicine	MFT
Debbie Hannant	**DH**	Head & Neck CNS	MFT
Coimbatore Praveena	**PC**	Consultant	MFT
Siva Sivappriyan	**SS**	Consultant in Diabetes & Endocrinology Medicine Consultant	MTW
Nick Rowell	**NR**	Consultant Clinical Oncologist	MTW
Mary Boyle	**MB**	Cellular Pathologist	MTW
Dennis Baker	**DB**	Head & Neck / Thyroid Radiologist	MTW
Supriya Joshi	**SJ**	Consultant Chemical Pathologist	MTW

Navdeep Upile	**NU**	Consultant	QVH
Apologies			
Sona Gupta	**SGu**	Macmillan GP	Canterbury CCG
Corrine Stewart	**CS**	Assistant Director of Commissioning	DGS CCG
Michelle McCann	**MM**	Operational Manager for Cancer and Haematology	DVH
Robert Hone	**RH**	Consultant ENT / Head & Neck	EKHUFT
Vikram Dhar	**VD**	Consultant ENT	EKHUFT
Iain Morrison	**IM**	Consultant Radiologist	EKHUFT
Sarah Stevens	**SSt**	Macmillan Speech & Language Therapist	EKHUFT
Katherine Steele	**KS**	Specialist Registrar/Teaching Fellow	MFT
Mohammed Kenawi	**MK**	Locum Consultant Radiology	MTW
Maria Blanco-Criado	**MBC**	Lead Oncology Pharmacist	MTW
John Shotton	**JS**	Otolaryngology Consultant	MTW

Item		**Discussion**	**Agreed**	**Action**
1.	**TSSG Meeting**	**Introductions** • JD welcomed everyone to the meeting and the group introduced themselves. **Apologies** • Apologies are listed as above. • If you attended this meeting and are not captured on the attendance list please contact karen.glass3@nhs.net separately and this will be updated accordingly. **Review minutes and actions from the previous meeting** • JD confirmed the minutes from the previous meeting were accepted as a true and accurate record and were signed off. • The actions from the full Thyroid TSSG meeting which took place on the 12th November 2019 will be updated separately and circulated with the final minutes. The actions from the selective mini Thyroid TSSG meeting which took place on the 30th June 2020 would be covered later in the meeting.		**KG / AW**

		Action - AW agreed to go through all the outstanding actions from the previous full and mini meetings and to contact the individuals separately for an update. JD stated most of the outstanding actions should be covered in the meeting today.		**AW**
2.	**Horizon Scanning**	**Getting It Right First Time (GIRFT) – update by Jeremy Davis** • JD stated he is not able to officially confirm when Endocrine GIRFT would be published. JD hoped it would be published by Christmas. He added when it does come out he anticipates some important details including MDT's and Thyroid cancer.		
3.	**Presentation of data**	**Thyroid v Head & Neck** **EKHUFT – update by Jeremy Davis** • JD asked if the Thyroid and Head & Neck data could be separated and additionally to include the numbers of patients on the pathways alongside the data performance percentages. • JD mentioned the figures for 28-day diagnosis is very good. **MTW – data only stipulates Head & Neck so this was not discussed.** **MFT – update by Jeremy Davis** • JD is frustrated by the data projected as it was not correct and stated they had no patients in June or July which is inaccurate. MA agreed and mentioned she has a meeting planned every 4 weeks with the team regarding collating this data. JD asked MA to ask them to also collate the DVH and MFT data. JD added he has 3 patients a week at DVH. • JD suggested they do not discuss further at this time the data performance figures but wait until it is more meaningful and accurate.		

4.	**Clinical Pathway Discussion**	**<u>High Operational Policy – update by Jeremy Davis</u>** • JD made the following amendments on the POC in real time: - • **Alistair Balfour** – Research and Trials Lead • **Kannon Nathan** - NOG Lead and MDT Clinical Oncologist – provides an Oncology update at the end of the MDM at EKHUFT and also Radiotherapy. • **Nick Rowell** – MDT Clinical Oncologist for West Kent • **Chris Theokli** - MDT Lead for EKHUFT & **John Shotton –** MDT Lead for West Kent. • **Ali Al-lami** – Surgeon • **Eranga Nissanka-Jayusuriya** - Cellular Pathologist for Thyroid • **Abbi Brissenden** – MDT CNS • **Maria Acosta** – Nuclear Medicine Specialist for EKHUFT • **Amin Sadik** – MDT Coordinator – West Kent • **Siva Sivappriyan** – Endocrinologist – West Kent – **Christina Grigoras –** East Kent • **Ali Al-lami** – Thyroid Cancer MDT – East Kent **<u>Action</u>** – JD asked AW if the changes could be tidied up and for the West Kent side AW could add which hospital each person comes under. **<u>Action</u>** – JD asked AW to make sure the population numbers at 7.0 are the same as the first page. JD asked for the links at 13.0 and 15.0 to ensure they are still valid for the datasets. **<u>Action</u>** – JD asked AW to amend the revision history and to include Nik Goodger's		**AW** **AW** **AW / JD**

		amendments also in the document after the H&N meeting later today. JD agreed to email this updated version to AW and CC to use at the H&N meeting later. **Pathway of Care – update by Jeremy Davis** • JD amended the publication date of the document to October 2020 and asked for AW to amend the version number. • JD emphasised the importance of following the NG12 / NICE Guidance for any unexplained thyroid lumps. • JD updated the 2ww Thyroid Swelling Assessment Clinic section of the document which was agreed by the group. JD removed sections 3.2 and 3.3 which were no longer applicable. **Action** – JD asked AW to ensure the links were still working at 5.0 on data collection and elsewhere within the document to make sure they are all still valid. • JD agreed to make the final amendments before emailing this back to AW. • CT confirmed there was no radioactive iodine happening at EKHUFT currently and patients would be referred to MA. • JD made the agreed changes to the TNM staging including updating to TNM8. • JD concluded by thanking the group for taking the time today to update both documents.		**AW** **AW** **JD**
5.	**Research**	**Update provided by Alistair Balfour** • AB confirmed the last few patients are coming through the system for the IoN (Iodine or Not) Trial which is now coming to an end. • AB provided an update on the HoT Trial (Hemithyroidectomy or Total Thyroidectomy) which was agreed in principal at the last mini TSSG meeting. AB added they have registered interest in this trial at EKHUFT and he has		

		completed all the site-specific paperwork. • AB commented that this a simple straight forward trial for defining low-risk thyroid cancer and they hope to proceed with this at EKHUFT. • MA mentioned they have expressed an interest at MFT but they need to have further discussions. • AB alluded to the fact that the final protocol is yet to be published so they do not have the full details yet. AB added if they are not happy locally with the final protocol they will withdraw from the trial. JD suggested they would wait for the protocol to come out before signing up to it from an MFT perspective. • AB agreed to share the protocol with JD and NR when he received it. AB confirmed the trial would need an Oncology PI (Kannon Nathan) and Surgical PI. AB added the trial would provide £738 funding for each patient. • AB mentioned the Thy3000 trial has not gone ahead as it is a lot of work for the trainee who has since resigned and he does not anticipate being able to get another trainee in place to support this trial.		
6.	**Community Ultrasound**	**<u>Update by Jeremy Davis</u>** • JD explained there are a number of tumour sites that have concerns regarding community ultrasounds and how this links into secondary care. • JD explained at the latest TSSG Leads meeting Ian Vousden had mentioned getting an imaging group together within the STP to advise on community contracts. JD confirmed this group needs to take advice from the Chairs of the TSSG's before finalizing. JD explained the Radiologists often don't see the films or reports from the community ultrasounds. JD confirmed any issues raised could be taken through IV and the Cancer Alliance to get this resolved. BB agreed this has been an issue for 18 months now. • RK suggested a clear uniform policy is needed for the standard ultrasound and what it should be within the community. RK added the images need to be available for the Consultants, Radiologists and ENT Consultants. JD hoped this		

		would be easier having only one Commissioner for Kent & Medway and having access to a standard ultrasound contract. **Action** – JD asked AW to put this down as an action for him to speak to IV again. • RK is grateful to BB for any additional training offered to sonographers regarding the U staging which could be provided and that it was important to all work collaboratively.		**JD / AW**
7.	**CNS Update**	**EKHUFT – update by Sue Honour** • SH confirmed they are fortunate to have appointed ABr at the earlier part of 2020. As such SH has now been appointed as the Lead H&N CNS which involves further responsibilities regarding patient improvement, patient involvement and service improvement. **MFT – update by Debbie Hannant** • DH confirmed there is not much to add from MFT. They have been going through the national patient experience survey and highlights from this are that patients not being told breaking bad news sensitively enough. • DH added one of the biggest issues is that patients are not being informed of any cancer research and this is a question on the survey which is coming back with low results. DH suggested that patients are informed of any trials going forward to bring the percentage up for this category. DH added this is a national problem and not just a local issue. AAL confirmed this will improve from a H&N perspective going forwards and there will be a further update at the meeting this afternoon.		
8.	**MDT's**	**Frequency** • **EKHUFT** – MDT is every 2 weeks for Thyroid and ENT. AAL confirmed they also have Oncology support from Kannon Nathan and NR and nuclear medicine with MA.		

		• **West Kent** – MDT is twice per month which has been working well but there have been some concerns regarding job plans. JD offered his support by following this up with Henry Taylor. NR did not think that would be advisable at this stage. **Nuclear Medicine** • JD anticipated an issue here if NR decided to retire in the future. NR agreed his successor would need to be a Clinical Oncologist and there should also be a second person based at EKHUFT. **Oncology** • This was discussed previously within the meeting.		
9.	**Linked Commissioners**	• JD alluded to the number of secondary care trusts and primary care commissioners within Kent & Medway which is now one and is undergoing a major restructure. • AW confirmed there is no one currently in place to attend this meeting. **Action** – JD agreed to write to Ian Vousden, to copy in Rachel Jones and RK regarding the ultrasound issues and any other specific commissioning issues.		**JD**
10.	**Date and time for future TSSG's**	• JD explained a Tuesday can be a difficult day for some people to attend this meeting so he would suggest alternating this meeting to a Monday (for the Spring meeting) and Tuesday (for the Autumn meeting). JD confirmed he has had Nik Goodger's agreement to this and will be discussed at the H&N meeting later today. • CT mentioned Monday is the MDT day at EKHUFT and JD added Tuesday is MFT's MDT day. • JD wondered if future meetings could take place via face to face but to include the Teams option for those that are unable to travel. The general consensus was the group preferred the face to face meetings and would be good to have		

		this when it was safe to do so. **<u>Action</u>** – JD agreed to email IV and Henry Taylor to provide this groups preference regarding future meetings.		**JD**
11.	**AOB**	• AAL asked if there was a general consensus on the POC document for post total thyroidectomy - calcium and what guidance is being followed. JD confirmed there is no national protocol in place and he would be happy for this to be looked at again.		
12.	**Tg and TGAb evaluation**	**<u>Thyroglobulin update by Edmund Lamb</u>** • EH mentioned from an EKHUFT perspective the analysis is going very well. • EL confirmed he had no presentation today but there was an MS Teams meeting in August with all Trusts in attendance in which data was shared there. He added there was general agreement to move forwards and centralise this test in Kent. EL confirmed they have continued to provide their service to local Thyroid surgeons since then which appears to be going well. • EL mentioned they are reviewing their cut off for referring positive antibody tests away and a cut off of 2 units may be too sensitive. EL added they may be referring some samples unnecessarily. EL confirmed their referral rate is about 40% for total samples. EL hoped that local colleagues are happy with the service and the plan to move forwards. • JD referred to issues with the timelines of samples which have often taken a long time to return and can be up to 6 months. JD added also a proportion of the patients move between Trusts and you cannot compare one assay result to another. JD explained a positive antibody test can affect the results of the assay and it was confusing for Clinicians. JD agreed moving towards having one assay would be extremely beneficial for Kent & Medway. • NR asked what the upper limit of the assay would be. EL and EH confirmed the		

		upper limit is 5000 which is after dilution. • EH stated they are running the assay once a week. SJ confirmed the worse turnaround times would be about 4 weeks. NR commented this was not ideal and 2 weeks would be preferable. • PM highlighted that any positive antibody samples would be sent to Birmingham to be analysed and there would be a delay. EL hoped to reduce the samples being sent to Birmingham by 25%. • EH explained of the 100 patients they have evaluated for both assays, 40 patients had positive antibodies those 40 were sent to Birmingham of which 2 were negative with the East Kent assay and were positive with the Birmingham assay. Both patients had quite high levels of the thyroglobulin antibody. • SJ confirmed once they have the codes ready they will be able to go live and hoped this would be in about 6 - 8 weeks' time. • JD thanked the group for their attendance and contribution today.		
13.	**Date of next meeting**	• AW to liaise directly with JD to finalise the date for the next meeting in the Spring 2021. KG to send out the meeting invites once confirmed.		**AW / JD / KG**