Kent and Medway Cancer Collaborative

Gynaecology Tumour Site Specific Group meeting
Wednesday 1st November 2023
Ashford International Hotel, Ashford, TN24 8UX
13:30 – 16:30
Final Meeting Notes

Present	Initials	Title	Organisation
Rema Iyer **(Chair)**	**RI**	Consultant Gynaecological Oncologist	EKHUFT
Nicola Chalmers	**NC**	Gynae CNS Support Worker	EKHUFT
Vicky Morgan	**VM**	Lead Gynae Oncology CNS	EKHUFT
Danko Perovic	**DP**	Gynae Specialist	EKHUFT
Asmar Bitar	**AB**	Radiology Registrar	EKHUFT
Edmund Inetianbor	**EI**	Gynae-oncology ATSM Specialist Registrar	EKHUFT
Gemma Connaughton	**GC**	Gynae Oncology Support Worker	EKHUFT
Laura Lawrence	**LL**	Gynae Oncology Support Worker	EKHUFT
Mohamed Ismail	**MI**	Consultant Gynaecologist and Obstetrician	EKHUFT
Fay Fawke	**FF**	Deputy Lead Cancer Nurse	DVH
Adeyinka Pratt	**AP**	MDM Streamlining Project Manager	DVH
Ritchie Chalmers	**RC**	Medical Director	KMCA
Karen Glass **(Minutes)**	**KG**	Administration & Support Officer	KMCA & KMCC
Jonathan Bryant	**JB**	PC Clinical Lead	KMCA & NHS Kent & Medway ICB
Annette Wiltshire	**AW**	Service Improvement Lead	KMCC
Colin Chamberlain	**CC**	Administration & Support Officer	KMCC
Hasib Ahmed	**HA**	Consultant Obstetrician and Gynaecologist	MFT
Hany Habeeb	**HH**	Consultant Gynaecologist	MFT
Justin Waters	**JW**	Consultant Medical Oncologist	MTW / EKHUFT
Roxani Dampali	**RD**	Gynae-oncology Clinical Fellow	MTW
Helen Morgan	**HM**	Radiotherapy Advanced Practitioner/ E Proms project manager	MTW
Omer Devaja	**OD**	Consultant Gynaecologist & Consultant Gynae-oncology Surgeon	MTW
Michelle George	**MG**	Macmillan Gynae-oncology CNS	MTW
Stephen Attard-Montalto	**SAM**	Consultant Gynaecologist and Gynae-oncology Surgeon	MTW
Andreas Papadopoulos	**AP**	Consultant Gynaecologist & Gynae-oncological Surgeon	MTW

Alison Watkins	**AW**	FDS Team Lead	MTW
Vickie Gadd	**VG**	Macmillan Gynae-oncology CNS / Genetics / Family History	MTW
Michelle Godfrey	**MG**	Consultant Gynae Oncologist	MTW
Deborah Smith	**DS**	Macmillan Gynae-oncology CNS	MTW
Gary Rushton	**GR**	Consultant Pathologist	MTW
Dawn Willis	**DW**	Patient Partner	
Apologies			
Leanne Warren	**LW**	Gynae Oncology CNS	DVH
Robert MacDermott	**RMD**	Consultant Obstetrician, Gynaecologist and Urogynaecologist	DVH
Emily Farrell	**EF**	Gynae MDT Co-ordinator	DVH
Andy Nordin	**AN**	Consultant Gynaecologist & Gynae-oncologist	EKHUFT
Justine Elliot	**JE**	Gynae Oncology Nurse	EKHUFT
Jenny Sharp	**JS**	Gynae Oncology Nurse	EKHUFT
Fani Kokka	**FK**	Gynae Oncology Consultant	EKHUFT
Pippa Enticknap	**PE**	Senior Service Manager - Cancer, Clinical Haematology & Haemophilia Care Group	EKHUFT
Justine Elliot	**JE**	Gynae Oncology Support Nurse	EKHUFT
Beverley Saunders	**BS**	Consultant Radiologist	EKHUFT
Sharon Griffin	**SG**	Consultant Gynaecologist	MFT
Louise Black	**LB**	Macmillan Deputy Lead Cancer Nurse	MFT
Karen Flannery	**KF**	Gynae Oncology CNS	MFT
Emma Bourke	**EB**	Macmillan Personalised Care and Support Facilitator	MFT
Perpetual Palmer	**PP**	Research Practitioner for Urology & Gynaecology	MTW
Kannon Nathan	**KN**	Consultant Clinical Oncologist	MTW
Rema Jyothirmayi	**RJ**	Consultant Clinical Oncologist	MTW
Gemma Hegarty	**GH**	Clinical Oncology SpR	MTW
Jodie Hotine	**JH**	Lead Radiotherapy Research Radiographer	MTW
Lorna Kviat	**LK**	Oncology Consultant	MTW
Helen Graham	**HG**	Research Delivery Manager (Cancer)	NIHR

Item		Discussion	Agreed	Action
1.	**TSSG Meeting**	**Apologies** • The formal apologies are listed above. **Introductions** • RI welcomed the members to today's face to face meeting and the group introduced themselves. • If you attended the meeting and have not been captured within the attendance log above please contact karen.glass3@nhs.net directly. **Action log Review** • The action log was reviewed, updated and will be circulated together with the final minutes from today's meeting. **Review previous minutes** • The minutes from the previous meeting, which took place on the 4th May 2023 were agreed prior to the meeting and were signed off as a true and accurate record. **Introduce new patient partner** • RI welcomed the new Gynae TSSG patient partner Dawn Willis to the meeting.		
2.	**Introduce new Cancer Alliance Medical Director**	• RI introduced RC as the new Medical Director for Kent & Medway Cancer Alliance. • RC explained she planned to attend all of this round of TSSG meetings and would be a familiar face moving forwards. RC added she would be working closely with JB the Primary Care		

	Cancer Alliance update	Clinical Lead who was also present at today's meeting. • RC thanked the TSSG Chairs for their support and strong clinical leadership in driving forward their respective TSSG's. • RC mentioned the K&M CA will soon be embedded within the K&M Integrated Care Board (ICB) and as such will function as a bridge between the ICB and the TSSG's. The aim will be to develop an ICB clinical strategy by utilising the data, CA funding and for this to be clinically led by the TSSG experts. The TSSG's are key to driving forward the clinical strategy and shaping their service for the next year, 5-years and 10-years. • RC suggested they focus on what is pertinent to K&M particularly within those areas of deprivation and inequality. • RC is keen for each of the TSSG's to create lead specialist clinical roles within pathology, radiology, oncology, surgical & nursing and also to encourage their attendance at the TSSG meetings. RC emphasised the importance of the Radiology and Pathology Networks linking in with the Cancer Alliance in order that they are an integral part of the horizon planning for the next 5-10 years. RC was pleased to see there was both radiology and pathology support at today's meeting which has not been the case for the other TSSG meetings. • JB highlighted the importance of improving the communication link / relationship between Primary & Secondary Care and the quality of referrals coming in. JB suggested other options available in order to target the GP's / Practices that do not engage in the education sessions. JB raised the point that some patients are still not aware they are being referred on an urgent cancer pathway. They need to have good quality data which will help them achieve fool proof quality care for their patients. • RC suggested having alternative benign pathways set up for PC which they can refer into and this would take the pressure off of the cancer pathways. They should be able to divert patients to the most appropriate pathway based on their clinical risk. • RC referred to the new EROS system which is due to come online in April which will guide the GP through the referral pathway and provide real-time guidance.		

		• It was agreed to focus on getting the FDS pathway correct for both cancer and non-cancer patients.		
3.	**New FIGO staging for endometrial cancer**	**<u>Update provided by Gary Rushton</u>** • GR explained the last update for FIGO staging of endometrial cancer was in 2009. Since then there has been a greater understanding of: i) Molecular and genetic data ii) The cancer genome atlas project (TCGA) – POLE (12%), MMRd (40%), NSMP (30%) and p53abn (18%). • Makes high grade tumour subtyping easier and hence risk stratification more straightforward • Outcome data • Identification of histopathological prognostic variables iii) FIGO 2023 – well defined prognostic groups assigned to a particular Substage (23 vs 10) • GR referred to the POLE NGS testing guidance for all endometrial carcinomas – groups 1 – 4 – full details can be seen within the slides. • GR raised particular points of interest for FIGO 2023 including: i) Moved away from anatomic spread as major criterion for staging system. ii) Addition of pathological variables and molecular data to increase prognostic values. iii) Other organ staging systems likely to incorporate prognostic factors in the future. iv) Accessibility to molecular testing can be a problem. v) Positive washings not part of staging system. • SAM mentioned the POLE testing kit is expensive but all other tests are carried out locally		**Presentation circulated to the group on the 6th November 2023**

		rather than sending to the Genomic Hub in London. • JW suggested it would be good to set up a Next Generation Sequencing (NGS) service locally.		
4.	**Referral pathway considerations for potential exenterative surgery**	**<u>Update provided by Andreas Papadopoulos</u>** • AP was keen for the group to discuss the different options open to them when referring K&M patients for exenterative surgery. AP explained the clinical lead at the Royal Marsden - Des Barton is due to retire imminently. AP referred to two training Centre's in their area namely Guildford and Brighton. • RI explained EKHUFT patients are referred to the Royal Marsden for this surgery and she would be keen for this process to continue. It would be more problematic for EKHUFT patients to travel to Guildford. AP suggested this would not necessarily be the case for WK patients. RI would be happy for there to be two different pathways in place for East and West Kent patients. • The group agreed this would only affect a very small number of patients per year. The Royal Marsden have carried out 6 exenterations in the last 6 months and assessed another 6 for potential exenterations. • Further discussion took place about having a system-wide approach for honorary contracts / staff passports which was agreed to be discussed further offline. JW confirmed this worked well within oncology.		
5.	**Performance**	**<u>Update from all trusts</u>** • RI highlighted that K&M as an alliance were below the England average for FDS performance at 59.1% but are the highest performing alliance for the 62-day standard at 75.3%. K&M have the lowest Urgent Suspected Cancer backlog nationally at 2.3%. **<u>DVH – update provided by Fay Fawke</u>**		**Performance and audit slides were circulated to the group on the 6th November**

		• Please refer to the circulated performance slide pack for a complete overview of the Trust's data. • FF explained DVH are consistently meeting all of their performance targets. FF added having the STT pathway in place has helped. Robert MacDermott and the CNS's triage the referrals together and where appropriate patients are put on an alternative pathway. • They have no patients waiting over 62 or 104-days. **EKHUFT – update provided by Rema Iyer** • Please refer to the circulated performance slide pack for a complete overview of the Trust's data. • RI explained that EKHUFT are not meeting the FDS performance target and this is due to a number of reasons including industrial action, delays in diagnostics, imaging and histopathology. A new FDS manager has been appointed which should help them achieve this target moving forwards. • The CNS's triage all referrals and classify those deemed to be high risk and are seen by day 7 or low risk and seen in 2-3 weeks. • They are meeting the 62-day performance target. • There are three patients waiting over 62-days with one complex patient waiting over 104-days – now treated. **MFT – update provided by Hany Habeeb** • Please refer to the circulated performance slide pack for a complete overview of the Trust's data. • HH explained their FDS performance has improved over the last few months due to the team		**2023.**

working collaboratively, clinicians cross covering and the use of a voice recognition dictation system. They are in the process of recruiting a STT nurse which will also help improve their FDS performance target.

- They have one patient waiting over 62-days and no patients waiting over 104-days.

MTW – update provided by Stephen Attard-Montalto

- Please refer to the circulated performance slide pack for a complete overview of the Trust's data.
- SAM explained they are not far off achieving the 28-day FDS their main issue is telling the patients who do not have cancer within the timescale.
- They continue to achieve the 62-day performance target which has helped by having a low backlog, ongoing clinical engagement and daily PTL review meetings.
- It would help to have alternative gynae pathways in place for their patients to ensure they were still being monitored but may not necessarily need to be on a RAC pathway.

Audit of the 28-day FDS in Gynaecology – updated provided by Hany Habeeb

- HH provided an update on an audit carried out in July 2023 of MFT's 28-day FDS in Gynaecology.
- HH explained in April 2023 there were 166 referrals for suspected gynaecological cancers. They were compliant for 84 patient cases but breached in 82 cases. There were a number of contributory reasons for these breaches including delays in pathology and radiology, patient choice and departmental issues.
- MFT's FDS performance data was also compared to DGT, EKHUFT and MTW.
- Summary of the audit findings:

		i) MFT performance is comparable with neighbouring trusts. ii) At least 50% of their breaches could have been avoided. iii) Letter authorisation can take time and the current dictation system is not ideal. iv) Triaging the referrals by an experienced clinician can help discharge some patients early. • HH concluded their recommendations from the audit: i) Explore an alternative dictation system which uses voice recognition. ii) FDS nurse to be appointed. iii) Pathways to allow triaging referrals so that there is more focus on significant pathology. iv) Support the clinicians in early removal from the cancer pathway if the pathology is thought to be benign on clinical grounds. • SAM mentioned having an HRT clinic in place would automatically remove 60% of their referrals so they could concentrate on their cancer patients. Bleeding on HRT poses a very low risk of the patient having a cancer. • There has been the same long-term issue whereby clinicians are unable to downgrade referrals without speaking to the GP first. • RC explained there is a plan to address this issue in consultation with JB and with ICB agreement, which would allow them to move low-risk patients onto a more appropriate pathway.		
6.	**Post-Menopausal bleeding on HRT and what pathways exist** **Cancer Alliance update**	**<u>Update provided by Laura Alton</u>** • LA highlighted the National Cancer Programme which is initiating a "Call for Evidence" to understand current local initiatives, ways of working and challenges experienced in gynaecology pathways. • The ask is for a representative from each Cancer Alliance to complete this survey to help		**Both sets of slides were circulated the group on the 6th November 2023.**

		support the gynaecology programme of work. Deadline for completion of the survey is **COP Monday 13th November.** • The responses received from the survey will be used to shape the priorities of the new programme of work on gynaecology pathway improvement, which will seek to provide practical support to Cancer Alliances to deliver the Faster Diagnosis Standard (FDS) for urgent suspected gynaecological cancer pathways. • Any feedback and ideas should be directed to england.kmcanceralliance@nhs.net. **Cancer Alliance Update – provided by Laura Alton** • LA highlighted there is a particular focus on 28-day FDS pathways and no longer the 2ww referral process. LA explained the NG12 forms are being reviewed across all of the tumour sites. • The K&M Galleri GRAIL trial is coming into the third and final year. There is no published results data as yet but this is expected in April 2024. • The NSS Service is live for patients in DGT and MFT. MTW are due to go live in November and EKHUFT in January 2024. • SAM confirmed they now have the SC Physician, CNS, PC Lead and Pathway Navigator all in place for the NSS Service to go live at MTW. The plan moving forward is to have weekly clinics taking place on a Wednesday.		
7.	**KOC radiotherapy side effect data collection EPROMS tool**	**Update provided by Helen Morgan** • HM provided the group with a presentation on the Noona Electronic Patient Reported Outcomes Measures (EPROMS) tool the bulk of which is used for Prostate (excluding brachytherapy), Bladder and Gynaecological radiotherapy patients. • Noona® is a patient outcomes management solution tool designed to engage patients in their		**Presentation was circulated to the group on the 6th November 2023.**

		care with: i) real-time symptom reporting & monitoring ii) streamlined clinical workflows to promote evidence-based care iii) access to rich data insights for better management iv) ongoing assessment over the course of care. • Patients can report symptoms, respond to questionnaires and communicate with their care team as often as they like. • Care teams are able to collect highly specific, detailed information tailored to a patient's diagnosis and treatment type for more informed decision making. • A scoping exercise was carried out to see what products were available and compared in order to fit in with other MTW systems. There was senior management agreement and a DPIA was submitted in November 2022. The DPIA included Cyber security documentation and this was approved in June 2023. Funding was then secured for the first year's evaluation period. • The Noona app has been implemented into the radiotherapy pathways to capture radiotherapy side-effects. • The Consultant would identify who is suitable to use the app and no patient is forced into using it. The patient will receive information leaflets including: i) Bladder and Bowel prep details ii) Patient questionnaires prior to clinic appointments iii) Patient self-management feed back iv) Links to other recourses and health care teams v) Patient satisfaction surveys vi) End of treatment information • Noona will have pre-set advise triggers for the patient including urgent, semi urgent and routine. Patients can access the app daily and will be able to send details to the team if they require assistance / phone call. When the patient accesses the app, a PDF will be generated which will be sent to KOMS.		

		• The patient will be triaged to which ever follow up protocol is in place after being discharged from their radiotherapy follow up. The long-term goal will be for the patient to use the Noona app. This will release the non-urgent patients seen by the clinicians and they will receive more appropriate care. This allows the clinicians to concentrate on those patients with more complex requirements. This supports the ethos of the ICB in which the patient is the centre of the care provision. • Noona supports those patients who are not able to communicate for whatever reason and be able to manage their radiotherapy side effects. • ProKnow is a web tool that records the radiation dose prescribed to target areas and organs which have been put at risk. Noona is able to provide quantifiable standardised auditable data. If any correlations or patterns are found, then further investigation and research can be proposed. • KOC will be in the first wave of Noona users in radiotherapy in the UK. The cost for the 1-year evaluation period is £4,999.99 + VAT with the cost rising considerably after this. The NHS long term plan has pledged its commitment to a digital future for the NHS. Noona will support the KOC in this initiative. They hope to also get chemotherapy on board which will bring the cost down.		
8.	**Research updates**	**<u>Update by Rema Iyer</u>** • RI provided the group with an overview of the following EKHUFT research studies including: i) **Recruiting studies** - PROTECTOR, VU34 and Risk3. ii) **In follow-up** - Athena and Icon 9. **iii) EOI studies** - OV28 and DETECT2. **<u>MTW – update provided by Justin Waters</u>**		**Presentation circulated to the group on the 6th November 2023**

		• ICON8B is an international trial of weekly chemotherapy and bevacizumab for women with ovarian cancer, fallopian tube cancer or primary peritoneal cancer. The trial is open to all K&M patients. Benefits of the trial show an increased overall survival. • It was suggested to adopt this as the overall Standard of Care for neo-adjuvant treatment for patients with ovarian cancer.		
9.	**CNS updates – all trusts**	**MTW update** • The team are due to start working on discharge summaries. • Patient Satisfaction Survey – awaiting the results. **MFT update** • PIFU service is going reasonably well. • 2 Gynae CNS's and an HCA are now in place. • No specific issues to raise. **DVH update** • PIFU service is ongoing – small numbers. **EKHUFT update** • Continue to do PIFU and HNA's. Not currently doing Treatment Summaries. • The Family History & Genetics nurse role to go back out to advert following unsuccessful recent interviews.		
10.	**Patient Partners Engagement**	• Patient partners engagement was not discussed at the meeting.		

	AOB	• AW thanked RI for her commitment, dedication and hard work over the last 5 years as the Gynae TSSG Chair. RI would be standing down and AW welcomed Hany Habeeb to the role. • No further points were raised under AOB. • RI thanked the group for their attendance and participation at today's meeting.		
11.	**Next Meeting Date**	• **Thursday 16th May 2024 – 09:00 – 12:30 – venue to be confirmed.**		**KG to circulate the meeting date and venue once agreed.**