Kent and Medway Cancer Collaborative

Gynaecology Tumour Site Specific Group meeting
Thursday 4th May 2023
Great Danes (Mercure) Hotel, Maidstone
13:30 – 16:30
Final Meeting Notes

Present	Initials	Title	Organisation
Rema Iyer **(Chair)**	**RI**	Consultant Gynaecological Oncologist	EKHUFT
Andy Nordin	**AN**	Consultant Gynaecologist & Gynae-oncologist	EKHUFT
Fani Kokka	**FK**	Gynae Oncology Consultant	EKHUFT
Nicola Chalmers	**NC**	Gynae CNS Support Worker	EKHUFT
Justine Elliot	**JE**	Gynae Oncology Nurse	EKHUFT
Jenny Sharp	**JS**	Gynae Oncology Nurse	EKHUFT
Eliza Davies	**ED**	Gynae Oncology Research Nurse	EKHUFT
Vicky Morgan	**VM**	Lead Gynae Oncology CNS	EKHUFT
Rob MacDermott	**RMD**	Consultant Obstetrician, Gynaecologist and Urogynaecologist	DVH
Fay Fawke	**FF**	Deputy Lead Cancer Nurse	DVH
Emily Farrell	**EF**	Gynae MDT Co-ordinator	DVH
Ana Zakaryan	**AZ**	Gynae Consultant	DVH
Samantha Daniels	**SD**	Gynae Oncology CNS	DVH
Leanne Warren	**LW**	Gynae Oncology CNS	DVH
Claire Mallett	**CM**	Programme Lead – Personalised Care & Support	KMCA
Karen Glass **(Minutes)**	**KG**	Administration & Support Officer	KMCA & KMCC
Annette Wiltshire	**AW**	Service Improvement Lead	KMCC
Colin Chamberlain	**CC**	Administration & Support Officer	KMCC
Suzanne Bodkin	**SB**	Cancer Service Manager	MFT
Karen Flannery	**KF**	Gynae Oncology CNS	MFT
Amie Thomas	**AT**	Gynae Oncology Nurse	MFT
Louise Black	**LB**	Macmillan Deputy Lead Cancer Nurse	MFT
Olivia Baffoe	**OB**	Gynae Oncology CNS	MFT
Hasib Ahmed	**HA**	Consultant Obstetrician and Gynaecologist	MFT
Justin Waters	**JW**	Consultant Medical Oncologist	MTW / EKHUFT

Lorna Kviat	**LK**	Oncology Consultant	MTW
Kannon Nathan	**KN**	Consultant Clinical Oncologist	MTW
Gemma Hegarty	**GH**	Clinical Oncology SpR	MTW
Omer Devaja	**OD**	Consultant Gynaecologist & Consultant Gynae-oncology Surgeon	MTW
Michelle George	**MG**	Macmillan Gynae-oncology CNS	MTW
Ying Ying Lou	**YYL**	Consultant Obstetrician & Gynaecologist	MTW
Izabela Boniecki	**IB**	MDT Co-ordinator	MTW
Radhika Vashisht	**RV**	MDT Co-ordinator	MTW
Elle Bushell	**EB**	MDT Co-ordinator	MTW
Stephen Attard-Montalto	**SAM**	Consultant Gynaecologist and Gynae-oncology Surgeon	MTW
Andreas Papadopoulos	**AP**	Consultant Gynaecologist & Gynae-oncological Surgeon	MTW
Vickie Gadd	**VG**	Macmillan Gynae-oncology CNS / Genetics / Family History	MTW
Michelle Godfrey	**MG**	Consultant Gynae Oncologist	MTW
Summer Herron	**SH**	General Manager – Cancer Performance	MTW
Apologies			
Katherine Entwisle	**KE**	Consultant Radiology	EKHUFT
Hany Habeeb	**HH**	Consultant Gynaecologist	MFT
Helen Morgan	**HM**	Radiotherapy Advanced Practitioner/E Proms project manager	MTW

Item		Discussion	Agreed	Action
1.	**TSSG Meeting**	**<u>Apologies</u>** • The formal apologies are listed above. **<u>Introductions</u>** • RI welcomed the members to today's face to face meeting. • If you attended the meeting and have not been captured within the attendance log above please contact karen.glass3@nhs.net directly. **<u>Action log Review</u>**		

		• The action log was reviewed, updated and will be circulated together with the final minutes from today's meeting. **<u>Review previous minutes</u>** • The minutes from the previous meeting, which took place on the 3rd November 2022 were agreed and signed off as a true and accurate record.		
2.	**New treatments for Endometrial Cancer**	**<u>Update by Lorna Kviat</u>** • LK provided the group with an overview of: i) Definitions of prognostic risk groups for endometrial patients (particularly relating to the ESGO/ESTRO/ESP endometrial cancer guidelines). ii) The P53 tumour suppressor gene which activates DNA repair pathways, holds cell cycle allowing for DNA repair and initiates apoptosis. LK provided a summary of the 5-year relapse free survival rates for serous and non-serous patients. Chemotherapy is recommended and would make a difference for both relapsed and overall survival rates. iii) Adjuvant molecular markers. iv) Adjuvant therapy / adjuvant molecular for POLE mutations. Good progress for stage 1 and 2 patients – low risk category and low risk of recurrence. v) Adjuvant therapy for MMR mutations. vi) The Lynch Syndrome referral process was outlined. vii) MMR makes a difference to metastatic patients – MMR deficiency and Immunotherapy. Using immunotherapy drugs – the immune system will target the endometrial cancer cells.		**Presentation circulated to the group on the 9th May 2023.**

		viii) Immunotherapy - 2nd line treatment - GARNET trial – NICE reviewed March 2022 – advanced or recurrent endometrial cancer. Phase 1 – 43% response rate, 14% overall response rate with chemotherapy – need to have the MMR deficiency. ix) Metastatic - 1st line – March 2023 - RUBY and NRG-GY018 trials. x) With more patients on Immunotherapy to be aware of the toxicities associated with it. This can include inflammation within the brain, heart, pituitary gland etc and can also lead to other complications a year after stopping immunotherapy such as gastrointestinal, musculoskeletal, cardiovascular etc. xi) From April 2023, immunotherapy can now be given to cervical cancer metastatic patients that have had no systemic treatment.		
3.	**Performance**	**<u>Update from all trusts</u>** • RI mentioned EKHUFT are struggling with their FDS performance in terms of capturing the data and additionally, they have the highest rate of 2ww referrals in the country. K&M as an alliance are below the England average for FDS, however, are the highest performing alliance for the 62-day standard at 76.5% and have the lowest backlog at 2.6%. **<u>DVH – update provided by Rob MacDermott</u>** • Please refer to the circulated performance slide pack for a complete overview of the Trust's data. • In terms of the FDS, this is an improving picture, referrals are prioritised with a turnaround time of 9 days for the 1st appointment. A QI process mapping exercise has been undertaken to dissect and improve the FDS pathway. There are histology delays but these are issues outside of their control. • RMD mentioned there are 2 patients waiting over 62-days, with no cancer diagnosis currently.		**Performance slides were circulated to the group on the 9th May 2023.**

		EKHUFT – update provided by Andy Nordin • Please refer to the circulated performance slide pack for a complete overview of the Trust's data. • AN referred to ongoing issues with their 28-day FDS and the standard has not been met since June 2019. The Doctors strikes have meant Outpatient appointments and hysteroscopies have had to be re-scheduled. The team manage the PTL on a daily basis. The generic letter sent out to patients on the FDS was stopped and amended as there were some errors when sending these out previously. These issues have now been addressed. • AN mentioned a third of their referrals are due to women bleeding whilst on HRT. Their ambition is to set up a dedicated specialist referral HRT clinic in place of women coming through a Rapid Access clinic and this will help their referral numbers. Danko (Perovic) has been an ongoing asset for EKHUFT and for a 3-month period has been running the outpatient hysteroscopy clinics. • HA stated the quality of scans conducted in Primary Care varies massively across the patch. Access to scans in the community is generally very good across K&M. RMD mentioned a contract with PC in order to do TVS ultrasound scans. DVH will not accept a referral until this has been completed. AN agreed this would really help EKHUFT and hoped this could be agreed across the patch by the TSSG group. **MFT – update provided by Suzanne Bodkin** • Please refer to the circulated performance slide pack for a complete overview of the Trust's data. • SB highlighted similar concerns and issues as raised by DVH and EKHUFT. • They are also struggling with the 28-day FDS due to delays with clinicians reviewing results as a result of capacity issues and AL. There are also histology delays due to capacity at MTW.		

		• They have submitted a transformational bid to the CA for a Gynae STT nurse which will help the beginning part of the pathway. **<u>MTW – update provided by Andreas Papadopoulos</u>** • Please refer to the circulated performance slide pack for a complete overview of the Trust's data. • AP mentioned they do not have any issues with their 2ww referrals or 28-day FDS which is very good. • AP referred to radiology reporting delays prior to the MDT which can be an issue. AP alluded to the impact of complex comorbidities and patient choice.		
4.	**Gynae Conversion and Detection Rates**	**<u>Update provided by Rob MacDermott</u>** • RMD thanked David Osborne – CA Data Analyst for collating the data ahead of this meeting. • RMD referred to the number of patients they see that do not have cancer and the low conversion rate. They aim for a high detection rate through the 2ww referrals. A low detection rate would imply that cancers are presenting late and typically via an emergency route. • RMD mentioned the referral rate has doubled over the past decade both nationally and within K&M. There was a fall in numbers in 2020/21 due to the pandemic. The workload has doubled in K&M but the conversion rate to cancer has not increased. • The most recent data shows K&M is similar to the England average for conversion rate (K&M – 3.2%) and is the 6th highest alliance for detection rate 61.5%. DVH and MTW have a higher conversion rate than EKHUFT and MFT. There is variation in conversion and detection rates by PCN, they are not statistically significantly different from the K&M average. • RMD concluded:		**Presentation circulated to the group on the 9th May 2023**

		i) Nationally the referral rate increases year on year, resulting in a low conversion rate. ii) This has resulted in a very modest national increase in detection rate, not replicated in gynae in K&M. iii) High referral / low conversion rates do not result in high detection rates. iv) High referral / low conversion rates have undesirable effects on both patients and secondary care. v) There are differences between the conversion rates across K&M. These differences do not affect the detection rate. vi) The differences relate to how the trusts manage referrals. • AN mentioned EKHUFT diagnose 250 gynae cancers per year, 100 of those come through an emergency route with 150 from a rapid access referral. In 2018 there were 1800 referrals and have now increased to 5000. • RMD and AN highlighted that both Swale and Thanet have the highest number of patients per GP in the Country.		
5.	**MDT Streamlining update**	**<u>Update by Rema Iyer</u>** • RI referred to the MDT Streamlining document which was published in 2019. The aim is to reduce the number of cases discussed at MDT and to use the time to discuss complex cases only. MDT streamlining would increase transparency and the consistency of care across the cancer alliances. • RI provided the group with an overview of the process and elements involved in pre-MDM discussions as well as minimum core data requirements (including those not discussed at the main MDM). • NHSE recommend a quarterly audit on trusts performance and efficiency of their MDMs. • RI mentioned at EKHUFT they previously discussed 60 – 70 patients at their gynae MDM this		**Presentation circulated to the group on the 9th May 2023**

		has now decreased to about 40 patients. They triage the referrals for the MDM through SUNRISE. RI and the Gynae Oncology Consultant triage all of the referrals for MDM. AP believed patients were discussed too much and often without the histology results. • SAM stated MTW, MFT and DVH have a larger single MDM and have no control of the referrals from other trusts. • RI referred to a template letter developed at EKHUFT and is used by the clinician in the Rapid Access clinics.		
6.	**Personalised Care update**	**<u>Update provided by Claire Mallett</u>** • CM confirmed Endometrial PIFU (Patient initiated follow-up) – Remote Monitoring has gone live and training available. • CM mentioned HNA's are being well supported across the patch, there has been a significant improvement since last year and are above the national average. HNA's are recommended to be completed at a cancer diagnosis, start and during treatment and at the end of treatment for all tumour groups. • In February 2023 it was noted that the number of HNA's completed and completed as % of cancer diagnoses: i) DGT – 68.2% ii) EKHUFT – 34.1% iii) MTW – 10.5% iv) MFT – 80.3% • CM explained the numbers are significantly lower at MTW due to the information being recorded on KOMS and not currently on InfoFlex. • The Cancer Quality of Life survey was sent out between September 2020 and March 2023,		**Presentation circulated to the group on the 9th May 2023**

		9,624 invitations with 4,445 surveys completed – 46.2%. The majority of the responses were from the Breast, Prostate and Colorectal tumour groups. • CM mentioned Treatment Summaries are also part of the Personalised Care interventions and empower patients to self-manage. CM has worked closely with the CNS's to develop TS's for endometrial cancer and to embed this onto InfoFlex. **Action - CM asked if there was any menopause support the CA could provide within their programme – scoping work to understand the patient's needs.**		**CM**
7.	**Cancer Alliance update**	**<u>Update provided by Laura Alton</u>** • LA provided an overview of the National Cancer Programme for 2023/24 and the ask of Cancer Alliances in terms of the workstreams and projects being prioritised. • The 4 workstreams include: **i)** **Faster Diagnosis and Operational Performance –** this includes the live NSS pilot at DVH - has had a higher conversion rate to cancer. ii) **Early Diagnosis –** including Community Pharmacy pilot – not going ahead with currently in K&M to the group's relief. **iii)** **Treatment and Care –** treatment variation and Personalised Care. **iv)** **Cross-Cutting themes –** patient engagement and involvement. • LA referenced the recruitment of Lynch Champions within the colorectal and endometrial tumour groups for Lynch Syndrome. • LA mentioned the Galleri Grail trial that has identified some pancreatic cancers via the Cancer Signal Origin (CSO) within the blood sample. **Action - LA thought the group may be interested in having an update from K&M Imaging Network - priority programmes at the next Gynae TSSG meeting.**		**Presentation circulated to the group on the 9th May 2023** **AW**

		• It was agreed to look at the NG12 referral forms again for Gynae to see if they are still fit for purpose. It would be helpful to have the date of the women's last cervical smear test on the referral form. It was raised that often the NG12 forms are completed by admin staff via a dictaphone recording.		
8.	**Research update - all trusts**	**<u>Update by Eliza Davies</u>** • ED introduced herself as the new Gynae-Oncology research nurse and she has been in post since December 2022. • Prior to this the studies were split between CNS colleagues and the research team, who continue to provide great support. • Nationally Gynae-Oncology recruitment sits in 11th position out of 15 local Clinical Research Networks. **<u>Recruitment April 2022 – March 2023</u>** **<u>MTW</u>** • 1 patient for COMICE – no further update. **<u>EKHUFT</u>** • 10 patients – 3 studies (EORTC VU34, PROTECTOR and EORTC 1514) • 5 patients recruited to EORTC QoL study in the last financial year and 2 patients recruited so far this year. Challenges due to delayed histology. • PROTECTOR – for women with an increased risk of ovarian cancer: BRACA1/2 and other genetic mutation carriers. • EORTC follow up – able to recruit 4 patients before study closes in March 2023. • Opening in the next few months - EORTC Family and Genetics QoL study – assessing the QoL of individuals at risk or living with a hereditary cancer predisposition syndrome.		

9.	**Audit updates**	• There was no audit update at today's meeting.		
10.	**CNS updates – all trusts**	**MTW update** • Patient Satisfaction Survey – awaiting the results. • Additional funding needed to support HRT / acupuncture. **MFT update** • The patient satisfaction survey has been completed, the results are being collated and looking positive. • New Gynae CNS has joined the team – Olivia (Baffoe) • A new Band 4 is in place. • PIFU service is going reasonably well. • CNS has started a genetics course. • Challenges – room capacity is an issue. **DVH update** • The team are in a new office. • New CNS in post who is also covering the Non-Sight Specific Service (NSS). • New Cancer Support Worker – Louise (Sterne) is doing well and undertaking the HNA's. **EKHUFT update** • CNS's are going on training courses which will help develop the service. • Associate Practitioner – post is out for recruitment for family history and genetics.		
11.	**AOB**	• RI explained she would be stepping down as the TSSG chair as she has now been in post for 5 years. Anyone interested in taking over this role to let RI know.		

		Action - AW to send out an EOI for the role of the Gynae TSSG Chair. • RI thanked the group for their attendance and participation at today's meeting.		**AW**
12.	**Next Meeting Date**	• **The group agreed the next meeting should take place on a Wednesday (to rotate Weds / Thurs) – ideally with the next venue to be in Ashford.** • **Date and Venue – TBC.**		**KG to circulate meeting invites when agreed.**