

Breast Tumour Site Specific Group meeting
Tuesday 6th May 2025
Mercure Hotel, Ashford Road, Maidstone, ME17 1RE
09:00-12:30

Final Meeting Minutes

Present	Initials	Title	Organisation
Deepika Akolekar (Chair)	DA	Consultant Oncoplastic Breast Surgeon	MTW
Clare Reeder – (Guest Speaker)	CR	Macmillan Consultant Clinical Psychologist and Service Lead	MTW
Michelle McCann	MMC	General Manager - Cancer	DVH
Ruxandra Pietrosanu	RP	Consultant Radiologist	DVH
Claudiu Simonca	CS	Consultant Breast Surgeon	DVH
Casey Powell	CP	Locum Consultant Histopathologist	EKHUFT
Nicholas Williams	NW	Consultant General Surgeon	EKHUFT
Vicky Stevenson	VS	Breast Support Worker	EKHUFT
Michalis Charalambous	MC	Consultant Breast Surgeon	EKHUFT
Olalekan Olayanju	OO	SHO	EKHUFT
Mehvish Nazeer	MN	Specialty Doctor	EKHUFT
Chinedu Chianakwalam	CC	Consultant Breast Surgeon	EKHUFT
Claire Bingham	CB	Macmillan Personalised Care Facilitator	EKHUFT
Vanessa Potter	VP	Lead Breast Care CNS	EKHUFT
Vicky Villareal	VV	Breast CNS	EKHUFT
Wendy Cunningham	WC	Breast CNS	EKHUFT
Rebecca Greene	RG	Metastatic Breast CNS	EKHUFT
Fiona Mahon	FM	Breast CNS	EKHUFT
Pamela Machidza	PM	Nurse Consultant	EKHUFT
Jane Shephard	JS	Breast CNS	EKHUFT
Bana Haddad	BH	Clinical Lead / GP	KMCA
Sue Green	SGr	Macmillan Project Manager – Personalised Care and Support	KMCA
Karen Glass (Minutes)	KG	PA / Business Support Manager	KMCA & KMCC
Annette Wiltshire	AWilt	Service Improvement Lead	KMCC
Colin Chamberlain	CCha	Administration & Support Officer	KMCC

Kent and Medway Cancer Collaborative

Sam Williams	SW	Administration & Support Officer	KMCC
Jackie Harden	JH	Metastatic Breast CNS	MFT
Ennio Agabiti	EA	Breast Surgeon	MFT
Suzanne Bodkin	SB	Cancer Service Manager	MFT
Melissa Williams	MW	Faster Diagnosis Breast Service CNS	MFT
Louise Black	LB	Macmillan Deputy Lead Cancer Nurse	MFT
Hayley Martin	HM	Macmillan Personalised Care and Support Facilitator	MFT
Modupe Enonuya	ME	OAFU CNS	MFT
Samantha Tomlin	ST	Breast CNS	MFT
Cathie Cooper	CCo	Breast CNS	MFT
Delilah Hassanally	DH	Consultant Oncoplastic Breast Surgeon	MFT
Esther Kershaw	EK	Trainee Breast CNS	MTW
Emily Sharp	ES	Trainee Breast CNS	MTW
Elizabeth Whitehouse	EW	Breast CNS	MTW
Ana Loureiro	AL	Breast CNS	MTW
Rebecca Phipps	RP	Breast CNS	MTW
Amanda Rabone	AR	Consultant Radiologist	MTW
Carys Thomas	CT	Consultant Oncologist	MTW
Sadia Jaskani	SJ	ST7	MTW
Dhalvir Midda	DM	Deputy Chief Pharmacist	MTW
RuiPedro Dinisborges	RB	Surgical Care Practitioner	MTW
Juanita Caseley	JC	Breast ANP	MTW
Michal Uhrcik	MU	Consultant Oncoplastic Surgeon	MTW
Julia Hall	JH	Consultant Clinical Oncologist	MTW
Charlotte Moss	CM	Consultant Medical Oncologist	MTW
Catherine Harper-Wynne	CHW	Consultant Medical Oncologist	MTW
Jennifer Glendenning	JG	Consultant Clinical Oncologist	MTW
Russell Burcombe	RB	Consultant Clinical Oncologist	MTW
Spoorthi Shetty	SSh	Locum Consultant Breast Surgeon	MTW
Liz Simmons	LS	Patient Partner	
Christine Howarth	CH	Patient Partner	
Janice Strevens	JS	Patient Partner	
Apologies			

Kent and Medway Cancer Collaborative

Marie Payne	MP	Macmillan Lead Cancer Nurse	DVH
CNS's		No presence from DVH	DVH
Seema Seetharam	SSe	Consultant Breast & Oncoplastic Surgeon	DVH
Suzannah Fitzgerald	SF	Nurse Specialist Oncology	EKHUFT
Anil Poddar	AP	Consultant General Surgeon	EKHUFT
Louise Barker	LB	Breast CNS	EKHUFT
Ritchie Chalmers	RC	Medical Director	KMCA
Claire Mallett	CM	Programme Lead – Personalised Care and Support	KMCA
Tracey Ryan	TR	Patient Involvement Manager	KMCA & KMCC
Jonathan Bryant	JB	Primary Care Clinical Lead	KMCA / NHS Kent & Medway ICB
Stewart Nisbet	SN	General Manager / Head of Service	MFT
Vasileios Karydakos	VK	Consultant Oncoplastic Breast Surgeon	MFT
Claire Ryan	CR	Macmillan Consultant Nurse	MTW
Lesley Boast	LB	Macmillan Breast CNS	MTW
Jan Hackney	JH	Breast CNS	MTW
Christine Lee	CL	Patient Partner	
Lin Douglas	LD	Patient Partner	

Item		Discussion	Agreed	Action
1.	TSSG Meeting	<p><u>Apologies</u></p> <ul style="list-style-type: none"> The formal apologies are listed above. <p><u>Introductions</u></p> <ul style="list-style-type: none"> If anyone attended the meeting and has not been captured within the attendee list above please email karen.glass3@nhs.net directly. <p><u>Action log Review</u></p> <ul style="list-style-type: none"> The action log was reviewed and the updated version will be circulated together with the final minutes from today's meeting. 		

		<p><u>Review previous minutes</u></p> <ul style="list-style-type: none"> The minutes from the previous meeting which took place on the 5th November 2024 were reviewed at today's meeting and signed off as a true and accurate record. 		
2.	Dashboard	<p><u>Update provided by Deepika Akolekar</u></p> <ul style="list-style-type: none"> In the last six months, Kent & Medway's FDS performance has improved from 81.6% to 86.5%, but the 62-day performance has fallen from 72.7% to 65.7%. FDS performance has improved at MFT in the last six months from 58.1% to 84%, but fallen at MTW from 92.8% to 85.9%. 62-day performance for EKHUFT and MFT is similar to six months ago, but fell at DGT from 65.6% to 44.5% and MTW from 86.7% to 77.3%. The variation in waiting time to first OPA at EKHUFT, MTW and MFT has impacted waiting times up to diagnosis. DA wondered if this may be due to a coding issue. The recording of stage is consistently below the 80% target for completeness and regularly falls to less than 50% of breast cancers diagnosed at DGT, MTW and MFT. This has impacted on how accurate the data is recorded for cancers being diagnosed at stage 1 & 2. Data taken from the National Primary Breast Cancer Audit and local data has shown an increase in immediate reconstruction over time particularly at DGT. EKHUFT, MTW and MFT are consistently below the 25% target. JH confirmed she is the only breast oncologist at DGT and is overwhelmed by the number of referrals / caseloads. This is not sustainable long term and more oncologists are needed across K&M. It was noted that MTW have a higher complication rate during or following a mastectomy 		<p>Data pack was circulated to the group on the 7th May 2025</p>

		<p>and suggested these numbers were looked at.</p> <ul style="list-style-type: none"> • Good news for Personalised Stratified follow-up at both MFT (80.7%) & MTW (82.2%), with smaller numbers at EKHUFT and DGT. • MMC referred to a deep dive in January at DGT which has highlighted a significant impact on patients / patient pathways due to histology delays. There have also been surgical capacity issues, bank holiday and MDM cover issues and complex patients which has all impacted their performance. • JG confirmed the drop from four to two pathologists at EKHUFT. Additionally, the breast pain pathway is in crisis. • RB mentioned the pathology waiting times are unacceptable and this needs to be flagged with both Ritchie (Chalmers) and Ian (Vousden). Pathology is being outsourced and double reported at MDM. He would be keen for them to attend this meeting from a Cancer Alliance perspective. • According to the Breast screening pathway dashboard it was noted that screening numbers are high, with staging not being reflected at MTW. • DA encouraged the group to sign up to the data dashboard following the steps below to gain access: <ul style="list-style-type: none"> i) Complete the form: https://forms.office.com/r/svyPSvktHw. ii) Once access has been granted by the ICB, access the dashboard at: https://app.powerbi.com/home?ctid=4cfbd3c4-a42e-48a1-b841-31ff989d016e - click on the KM ICB Main app and go to Cancer Pathways on the left-hand menu. 		
3.	Cancer Psychological service for Kent & Medway who we are and how to refer	<p><u>Presentation provided by Clare Reeder</u></p> <ul style="list-style-type: none"> • The Cancer Psychological Service for Kent & Medway (CaPS-KM) covers all 4 acute Trusts. The CaPS-KM team are separate but work closely with the Oncology Counselling teams. 		<p>Presentation was circulated to the group on the 7th May 2025</p>

		<ul style="list-style-type: none"> CaPS-KM has received 2-years of funding from KMCA and Macmillan (May 2024-26) with the hope of being a fully commissioned service from 2026. The aims of the service are to: <ul style="list-style-type: none"> i) Build on previous scoping to understand local psychosocial services ii) Demonstrate unmet psychological need iii) Set up and evaluate a Kent & Medway-wide cancer psychological service iv) Secure permanent NHS funding. They have a small team in place based at MTW including: <ul style="list-style-type: none"> o India Barton (Macmillan Assistant Psychologist) o Sophie Lansdowne (Honorary Assistant Psychologist) o Janet Bates (Macmillan Counsellor) o Dr Chris Bonner (Macmillan Clinical Psychologist) o Dr Clare Reeder (Macmillan Consultant Clinical Psychologist and Service Lead) o Rachel Maciag (Trainee Clinical Psychologist) CR highlighted what the team have done to date: <ul style="list-style-type: none"> i) Scoping and relationship building ii) Patient engagement – 4 patients on Steering Groups iii) Setting up a clinical service iv) Teaching and supervision – <ul style="list-style-type: none"> - Level 2 psychological skills training for cancer CNS's & AHP's - Haematology & Oncology Doctors - Level 1 + training and psychological support for CSW's CR highlighted the type of patient their team would be keen to see and the referral process which is in place. CR explained there is a single point of referral and the psychological team will triage to either a counsellor or to psychological support. They will aim to see a patient within 1-2 weeks with the caveat that they are a very small resource 		
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		<p>covering the whole of K&M. They are happy to support families of patients but would not see children directly. However, they can support children through the family and also schools.</p> <ul style="list-style-type: none"> CR confirmed the referral process in place for each trust and the direct email for CaPS-KM - mtw-tr.caps-km@nhs.net and clare.reeder@nhs.net. 		
4.	CRG update	<p><u>Update provided by Deepika Akolekar</u></p> <ul style="list-style-type: none"> DA confirmed the first Breast CRG meeting took place on 12th March 2025 with a fully quorate membership. A number of things were discussed at this meeting including: <ul style="list-style-type: none"> Histopathology OAFU leaflets – which were shared with all TSSG members after the meeting. Raising awareness of the local Phoenix Charity - a highly rated service based in Medway which runs supervised exercise programmes to increase awareness and the benefit of fitness. CHW stated the importance of pre-habilitation and for patients to be objectively tracked. Exercise needs to be a lifestyle change for many of their patients. Radiology regional standardisation was discussed and an informed approach is needed across K&M. There is a requirement to have a uniformed pathway across K&M for clipping sentinel lymph nodes. SGr referred to the “Everyday Active” website - https://www.everydayactivekent.org.uk/ which assesses the level of activity of patients with the aim to increase it. This is an ongoing supported project. LS mentioned an exercise referral programme which was run through Medway Council with patients being tracked for a 12-week period which she found very good. 		

		<ul style="list-style-type: none"> VS highlighted the details of an exercise study focus group. The focus groups are led by Pure-Ex, supporting women with physical activity and diet after breast cancer and are part of a research study, funded by Breast Cancer Now. Further details can be found at - https://breastcancernow.org/breast-cancer-research/our-research-projects/developing-programme-support-women-diet-exercise-after-breast-cancer. These services are not currently being offered routinely but it would be worth considering for their patients in the future. <p>Action – Deepika agreed to look into setting up a structured exercise programme for both East and West Kent cancer patients which should include a Physiotherapist and Physical Therapist.</p>		DA
5.	De-escalation of Axillary Treatment	<p><u>Update provided by Spoorthi Shetty</u></p> <ul style="list-style-type: none"> DA would like the TSSG to make a decision on the inclusion / exclusion criteria for the de-escalation of axillary treatment. SSh provided an update on the background, current national guidelines and fitness specific criteria. SSh highlighted the details of the following trials: <ul style="list-style-type: none"> i) ACOSOG Z 11 ii) SOUND iii) INSEMA iv) monarchE v) SENOMAC vi) AMAROS vii) TADPOLE SSh summarised: <ul style="list-style-type: none"> ○ Systemic treatment is increasing based more on tumour biology than lymph node status. 		Presentation was circulated to the group on the 7 th May 2025

		<ul style="list-style-type: none"> ○ Axillary surgery is diagnostic and not therapeutic? ○ Can ANC be safely omitted in selected cases of ER+/Her2 neg cancer? ○ Can SLNB be safely omitted in carefully selected T 1, ER+/ Her2 neg patients, after breast-conserving surgery? ○ Well imaged USS/MRI for Early breast cancer, is chance of axillary met lower? ● JG stated they are carrying out more surgery and require more K&M wide data. It is difficult to gauge the exact lymphoedema rates for their patients which is about 10% at MTW. This does not always happen straight after surgery and can take over 5-years to develop. ● DA suggested they look at the Ultrasound and MRI data for Kent & Medway. In America they are conducting less Axilla Surgery. CHW is concerned about the nodes left behind and patients missing out on systemic treatment. ● NW stated there is no national guidance in place and as such legally this would cause them difficulties. It was agreed they should wait for ABS guidance. ● CH acknowledged that the patient should be able to make a viable choice when posed with all the options. JH agreed a conversation should take place with the patient in terms of them having Axilla treatment or not and the survival benefits. ● The Breast TSSG agreed not to change anything at this time and they will still go through the MDT. 		
6.	Pharmacist / Nurse Led Early Breast Cancer NMP Clinic	<p><u>Update provided by Dhalvir Midda</u></p> <ul style="list-style-type: none"> ● DM mentioned this clinic was set up about 2 ½ years ago by DM and RP and they have seen about 70 patients. The reasoning for setting up this clinic was due to the: <ul style="list-style-type: none"> i) Rising incidence of early breast cancer ii) Increased demand on oncology services iii) Expanded roles for non-medical prescribers (NMP) 		Presentation was circulated to the group on the 7th May 2025

		<ul style="list-style-type: none"> iv) National guidance supporting NMP roles in cancer care • The NMP model aims to provide: <ul style="list-style-type: none"> i) Improved efficiency and quality by using skilled professionals in new ways ii) Consistent, flexible and safe care for a clearly defined group of patients iii) Team collaboration and defined responsibilities which are key to the success and safety of their patients iv) Patients with a timely, holistic and supportive care experience. • In terms of early results and feedback it has been encouraging and supports the continuation and growth of this clinic. • Any challenges encountered are manageable with structure, support with an ongoing review. • In summary, this model is a step forward for breast cancer care for their patients. • It was noted that Homecare has started slowly at MTW and this service will ensure patients are getting the right treatment and on time. • MFT and DVH have no NMP's in place and as such is an unmet need to allow their service to expand. • DM admitted there are no contingency plans in place currently to cover their annual leave and they would benefit from having another nurse in post. An audit has been commenced but yet to be completed. 		
7.	Research	<p><u>Update provided by Catherine Harper-Wynne</u></p> <ul style="list-style-type: none"> • In late 2024 the National Institute for Health and Care Research (NIHR) announced the launch of the Research Delivery Network (RDN) which is a new organisation set up to respond to the changing requirements of the health and care research system. It took over from the Clinical Research Network (CRN). 		

		<ul style="list-style-type: none"> Unfortunately, there are no clinical trials being run from DVH which highlights an inequity of service for their patients. MTW have been provided with some funding to establish a Pan-Kent Metastatic Breast Cancer Unit to run from Maidstone Hospital. Consultants would still have ownership of their patients. CHW outlined some of the metastatic studies taking place at MTW including: HER2-RADiCAL, TRAK-ER, ELEGANT and REPOWER. There will be more studies coming soon including a vaccine trial for triple negative patients. 		
8.	OAFU update	<p><u>Breast OAFU pathway update – provided by Deepika Akolekar in Claire Mallett’s absence</u></p> <ul style="list-style-type: none"> Meetings are taking place with Trust clinical and ops leads on OAFU business case. KMCA have offered to support and are awaiting business case templates from Trusts. This is a challenge given the current financial climate. Eligibility criteria agreement is ongoing. There is ongoing work with Trusts to standardise discharge at five years. Trust patient information leaflets are under review. Ongoing piece of work. Patient HWB meetings and information – TBC. End of Treatment Summaries (EoTS) are ongoing. EoT content requires sign-off. Claire Mallett is waiting for a Trust to volunteer to pilot the CNS end of treatment review. MTW oncologists believe there should be one single OAFU leaflet for K&M and for this to be taken as best practice. RB referred to an OAFU leaflet at MTW which is near completion but needs the CNS’s to 		

		<p>approve. The patient reps at the meeting were also keen to view this leaflet.</p> <ul style="list-style-type: none"> • SGr explained the most relevant people to overview the OAFU leaflets were not present at today's meeting and they need consistent agreement from across K&M. • MMC mentioned DVH have lost one of their CNS posts which the Cancer Alliance are aware of. They have lost a total of 4 posts in all which has been documented in their business case and consequently work plans are being looked at. • EKHUFT to provide more open access and this will be starting in June. <p>Action – All trust OAFU leaflets to be sent to Karen to circulate to all members and the patient representatives – action completed after the meeting.</p> <ul style="list-style-type: none"> • EoTs – JC mentioned the first session took place last week with funding available to run it externally with physiotherapists and conduct a pilot CNS EoT review. 		
9.	<p>AOB</p> <p>Chemo Top Tips for patients from patients</p>	<p><u>Chemo Top Tips for patients from patients</u></p> <ul style="list-style-type: none"> • To be circulated to the members. <p><u>National audit of Metastatic Cancer – update provided by Catherine Harper-Wynne</u></p> <ul style="list-style-type: none"> • CHW explained the results have now been published for the National Audit of Metastatic Breast Cancer – <p><u>National Audit of Metastatic Breast Cancer - National Cancer Audit Collaborating Centre</u></p> <ul style="list-style-type: none"> • CHW is part of the national team and she feels the data is poor. She explained the MDT Co-ordinators are not collecting / inputting the right data (seemingly due to a lack of adequate training). The details of which have been circulated to the Co-ordinator leads. • CHW referred to an audit taking place of MTW COSD which will be sent to NHSE to identify any discrepancies / coding errors. 		

		<p>Action – Catherine agreed to share the COSD – ‘how to guide’ with the TSSG group – action completed by Karen after the meeting.</p> <ul style="list-style-type: none"> ○ There were no further discussions raised under AOB. DA thanked the group for their attendance and contribution at today’s meeting. 		
10.	Next Meeting Date	<ul style="list-style-type: none"> • Tuesday 11th November 2025 – 09:00 – 12:30 – venue to be confirmed. 		<p>KG has circulated the meeting invite and also circulated via email</p>