Kent and Medway Cancer Collaborative

Gynaecology Tumour Site Specific Group meeting
Wednesday 7th May 2025
Mercure Hotel, Ashford Road, Maidstone, ME17 1RE
09:00 – 12:30

Final Meeting Notes

Present	Initials	Title	Organisation
Hany Habeeb **(Chair)**	**HH**	Consultant Gynaecologist	MFT
Suzanne Bodkin	**SB**	Cancer Service Manager	MFT
Sharon Griffin	**SG**	Consultant Gynaecologist	MFT
Leeja John	**LJ**	Gynae FDS CNS	MFT
Zoe Plumb	**ZP**	Cancer Support Worker	MFT
Hayley Martin	**HM**	Macmillan Personalised Care and Support Facilitator	MFT
Louise Black	**LB**	Macmillan Deputy Lead Cancer Nurse	MFT
Karen Flannery	**KF**	Macmillan Gynae Oncology CNS	MFT
Michelle McCann	**MMC**	General Manager – Cancer & Haematology	DVH
Hamed Al-Aarag	**HAA**	Consultant Gynaecologist	DVH
Ana Zakaryan	**AZ**	Consultant Gynaecologist	DVH
Sam Daniels	**SD**	Gynae Oncology Lead CNS	DVH
Emily Farrell	**EF**	MDT Co-ordinator	DVH
Ruth Mount	**RM**	Improvement Practitioner	EKHUFT
Rhiannon Frame	**RF**	Research Nurse	EKHUFT
Anna Lamb	**AL**	Cancer Performance Manager	EKHUFT
Edmund Inetianbor	**EI**	Consultant Gynae Oncologist	EKHUFT
Danko Perovic	**DP**	Gynae Consultant	EKHUFT
Justine Elliot	**JE**	Gynae Oncology Support Nurse	EKHUFT
Nicola Chalmers	**NC**	Gynae-Oncology Family History / Genetics Associate Practitioner	EKHUFT
Mohamed Ismail	**MI**	Gynae Oncologist	EKHUFT
Gemma Connaughton	**GC**	Gynae Oncology Support Worker	EKHUFT
Laura Lawrence	**LL**	Gynae Oncology Support Nurse	EKHUFT
Bana Haddad	**BH**	Clinical Lead / GP	KMCA
Ann Courtness	**AC**	Macmillan Primary Care Nurse Facilitator	KMCA

Sharon Middleton	**SM**	Workforce Programme Lead	KMCA
Laura Alton	**LA**	Senior Programme Manager	KMCA
Emma Lloyd	**EL**	Cancer Pathways Improvement Project Manager	KMCA
Jonathan Bryant	**JB**	Primary Care Clinical Lead	KMCA
Karen Glass **(Minutes)**	**KG**	PA / Business Support Manager	KMCA & KMCC
Annette Wiltshire	**AWi**	Service Improvement Lead	KMCC
Colin Chamberlain	**CC**	Administration & Support Officer	KMCC
Sam Williams	**SW**	Administration & Support Officer	KMCC
Clare Reeder **(Guest speaker)**	**CR**	Macmillan Consultant Clinical Psychologist	MTW
Andreas Papadopoulos	**AP**	Consultant Gynaecologist & Gynae-oncology Surgeon	MTW
Stephen Attard-Montalto	**SAM**	Consultant Gynaecologist and Gynae-oncology Surgeon	MTW
Omer Devaja	**OD**	Consultant Gynaecologist & Consultant Gynae-oncology Surgeon	MTW
Sasha Humphries	**SH**	Consultant Radiologist	MTW
Gary Rushton	**GR**	Consultant Histopathologist	MTW
Amanda Rabone	**AR**	Consultant Radiologist	MTW
Linda Turner	**LT**	Consultant Radiologist	MTW
Diana Frimpong	**DF**	Specialist Obs & Gynae (Oncology Team)	MTW
Alice Rendall	**AR**	Clinical Oncology SPR	MTW
Elle Bushell	**EB**	Gynae MDT Co-ordinator	MTW
Izabela Boniecki	**RB**	Gynae MDT Co-ordinator	MTW
Vickie Gadd	**VG**	CNS Lead – Gynae Oncology Genetics & Family History Macmillan Clinical Nurse Specialist, Trust Lynch Champion - Endometrial	MTW
Debbie Smith	**DS**	Gynae Oncology CNS	MTW
Michelle George	**MG**	Gynae Oncology CNS	MTW
Pollyanna Law	**PL**	Gynae Oncology CNS	MTW
Gemma Levett	**GL**	Gynae Oncology CNS	MTW
Alison Richards	**AR**	Uro-Gynae Research Nurse	MTW
Debbie Webber	**DW**	Research Practitioner	MTW
Lorna Kviat	**LK**	Consultant Clinical Oncologist	MTW
Jasper Dimairho	**JD**	Team Lead	MTW
Marie Arnaez	**MA**	FDS Nurse Specialist	MTW
Apologies			
Marie Payne	**MP**	Macmillan Lead Cancer Nurse	DVH

Rema Iyer	**RI**	Consultant Gynaecological Oncologist	EKHUFT
Fani Kokka	**FK**	Consultant Gynaecologist	EKHUFT
Kannon Nathan	**KN**	Consultant Clinical Oncologist and Clinical Director of Oncology	EKHUFT
Hristina Hristova-Angelova	**HHA**	Consultant Radiologist	EKHUFT
Ritchie Chalmers	**RC**	Medical Director	KMCA
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCA / KMCC
Hasib Ahmed	**HA**	Consultant Obstetrician and Gynaecologist	MFT
Michelle Godfrey	**MG**	Consultant Gynae Oncologist	MTW
Ying Yiing Lou	**YYL**	Consultant Obstetrician & Gynaecologist	MTW
Dawn Langdon	**DL**	Advanced Nurse Practitioner	Thanet Health CIC
Dawn Willis	**DW**	Patient Partner	

Item		Discussion	Agreed	Action
1.	**TSSG Meeting**	**Apologies** • The formal apologies are listed above. **Introductions** • HH 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 • There were no initial objections to the accuracy of the minutes from the previous meeting, which took place on the 13th November 2024. KG has received no further objections since the meeting so the minutes can be agreed and signed off as an accurate record.		
2.	**Cancer Psychological service for Kent & Medway – who are we and how to refer**	**Presentation provided by Clare Reeder** • The Cancer Psychological Service for Kent & Medway (CaPS-KM) covers all 4 acute Trusts. The CaPS-KM are a separate team but work closely with the Oncology Counselling teams. • CaPS-KM received 2-years of funding from KMCA and Macmillan (May 2024-26). They hope to be a fully commissioned service from 2026. • The aims of the service are to: 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 are a small team based at MTW: 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 the teams objectives to date: i) Scoping and relationship building		**Presentation circulated to the group on the 7th May 2025.**

		ii) Patient engagement – 4 patients on Steering Groups iii) Setting up a clinical service iv) Teaching and supervision – 100 trained so far. - Level 2 psychological skills training for cancer CNS's & AHP's - Haematology & Oncology Doctors - Level 1 + training and psychological support for CSW's • CR explained the type of patient their team would be keen to see and the referral process in place. They have received about 70 referrals to date. All patients need to be on the cancer pathway. • CR confirmed 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 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 via school. The psychological team's letters will be copied to the referrer, GP and the patient. • CR confirmed the referral process in place for each trust and the direct email for CaPS-KM / CR is mtw-tr.caps-km@nhs.net and clare.reeder@nhs.net.		
3.	**CRG update**	**<u>Update provided by Hany Habeeb</u>** • HH explained the CRG now has representation from: i) Oncology ii) Surgery iii) Radiology iv) Pathology v) Nursing vi) Primary Care		**Presentation circulated to the group on the 7th May 2025**

		• HH confirmed the last CRG meeting took place on the 1st April 2025 and they meet on a monthly basis. The aim of this group is to advise the TSSG and Cancer Alliance accordingly in terms of the Gynae strategy for the next 3-5 years. HH encouraged the group to email any points for discussion at the CRG to HH, KG or EL. • In terms of the Gynae strategy for the next 3-5 years the following discussions have been taking place: **i) To reduce referrals by around 30% (reduce pressure on clinics):** - Effective triaging - Robust referral proforma - Advice and guidance - GP education - Alternative pathways – HRT clinics **ii) In terms of diagnosis:** - One-stop service in place - Transvaginal scan - Outpatient diagnostic and operative hysteroscopy service - Timely reporting of CT and MRI scans for MDT's - Capacity for inpatient diagnostics – with appropriate theatre capacity - Request urgent investigations for those with suspected cancers. iii) **Managing the pathway**: - Clinic appointment by day 7 - Inpatient investigations by day 14 - Remove patients from the pathway if there is no clinical suspicion of cancer to include PMB on HRT - Cross-cover/nurse support for communicating normal results. iv) **Surgery**: - Gynae surgeons to provide more robotic surgery as appropriate. • HH proposed in terms of unscheduled bleeding on HRT there should be a referral for an		

		urgent transvaginal scan - if they fulfill the following criteria: i) 1 major risk factor ii) 3 minor risk factors iii) Persistent bleeding for more than 6-months from commencing HRT • HH referred to the BMS guidelines for the management of unscheduled bleeding on HRT – https://thebms.org.uk/publications/bms-guidelines/management-of-unscheduled-bleeding-on-hormone-replacement-therapy-hrt/ • HH stated these are very good, helpful guidelines and should be used to challenge GP's in terms of receiving inappropriate referrals. • HH advised stopping HRT for 4 weeks and if still bleeding to refer. SAM explained 85% of referrals are due to unscheduled bleeding, resulting in 0.05% - risk of cancer. • The group agreed further work is needed to set up alternate pathways which will take time but will make a difference to their USC referral numbers.		
4.	**Dashboard**	**<u>Update provided by Hany Habeeb</u>** • HH explained K&M FDS performance has fallen from 69.2% to 67% in the last six months but is still the highest performing Alliance for 62-day performance at 85.2% • FDS performance has improved at EKHUFT (70.1%), but fallen at DGT from 73.4% to 57% and at MFT from 73.4% to 48.2%. MTW – FDS performance is 75.1%. • In terms of 62-day performance – MTW are seeing 92.5% of their patients within the agreed timeline compared to 71.2% at MFT. • HH highlighted the following issues for MFT:		**Data pack was circulated to the group on the 7th May 2025**

		i) Pathology delays – 18 - 22 days turnaround time ii) Radiology delays – only have 1 radiologist who is shared between Gynae and Colorectal iii) MRI – takes 3 weeks to be reported iv) Unable to meet the FDS 28-day target which also impacts their 62-day performance v) Travel delays - time of specimen from MFT to MTW • SAM mentioned MTW's priority is the recording and capture of diagnosis and trying to highlight the patients who have had biopsies. GR mentioned that noting Clinical History is also key. • In terms of treatment for stage 2 - 4 ovarian cancer, all Trusts are meeting or are close to meeting the 80% target. • HH asked the group to send him their requirements for any specific data they would be keen to see and he will speak to David Osborne – CA data anyalyst. • HH encouraged the group to sign up to the dashboard by following the steps below: 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.		
5.	**Cytology at endometrial cancer surgery: a relic of the past or an undervalued prognostic tool?**	**Update provided by Diana Frimpong** • DF explained the background to the FIGO endometrial cancer staging and subsequent upgrades. • DF highlighted the aims / objectives: i) Assess the significance of positive cytology at endometrial cancer surgery		**Presentation circulated to the group on the 7th May 2025**

		ii) If no patient benefit, economic impact on the histopathology department • A retrospective audit was carried out from January 2018 – December 2023 – 596 patients in total over the 5-year period – 115 patients were reviewed in 2018 – 93.8% were negative. • In conclusion: i) Cytology was sent for 91% of endometrial cancers ii) 89% of samples sent were negative – in patients with poor outcomes, impact potential influence on management questionable as they had high grade tumours iii) 11% of samples sent were positive – Stage 1A and 1B iv) Minimum cost implication £4,725 is lost annually • Recommendations: i) Discontinue peritoneal cytology at endometrial cancer surgery ii) Review of peritoneal cytology sent for hysterectomy for benign uterine and endometrial conditions. iii) Agreed peritoneal washings are expensive		
6.	**Gynae Research update**	**<u>Update provided by Alice Rendell</u>** • AR provided an overview of the following: ○ Current & New Trials for Recruitment ○ Antibody Drug Conjugates (ADC's) ○ Sacituzumab Tirumotecan (Sac-TMT) ○ TroFuse 033 Trial – Induction & Maintenance ○ Rationale for Study,		**Presentation circulated to the group on the 7th May 2025**

		○ Data Graph – Ruby Trial ○ Eligibility Criteria (Inclusion & Exclusion) & Toxicities from Sac-TMT (high rates) ○ Other new drugs outside of Trials & Overall Survival Data (for ovarian cancer setting – good significant treatment once NICE approved) ○ Adverse Effects occurring in 20% of participants including: i) Blurred vision ii) Keratopathy iii) Abdominal pain iv) Fatigue v) Diarrhoea vi) Dry eye vii) Constipation viii) Nausea ix) Peripheral neuropathy x) Neutropenia xi) Anaemia • Regular ophthalmology reviews were recommended. • In conclusion - participants with platinum-resistant, FRα-positive ovarian cancer, treatment with MIRV showed a significant benefit over chemotherapy with respect to progression-free and overall survival and objective response.		
7.	**Gynaecology urgent suspected cancer triage**	**<u>Presentation provided by Samantha Daniels</u>** • SD explained the triage process which is now in place for gynaecology urgent suspected cancer (USC) referrals at DVH. SD outlined the following: i) How they triage		**Presentation circulated to the group on the 7th May 2025**

		ii) Roles and responsibilities of the team members iii) Rationale – in terms of providing advice, guidance or redirecting referrals to alternative clinics • Their patients are triaged when cancer is suspected to ensure that those with a potentially serious condition are seen and diagnosed as quickly as possible. This approach offers several key benefits including: i) improved patient outcomes ii) more efficient use of healthcare resources (scans, professional time, cost) iii) reduced patient / family anxiety iv) alignment with national healthcare targets (28-day / 62-day targets) • At DVH the cancer conversion rate between January and December 2024 was 7.8%. This highlights the importance and effectiveness of their triage process in identifying and prioritising high-risk patients. • DVH had a consultant-led (Rob MacDermott) triage process in place prior to August 2024 and has since changed to a CNS-led service. • Following the nurse-led triage, patients will face the following 5 possible outcomes: o Rapid access clinic (a face-to-face appointment with a consultant) o Bloods o Redirect to General Gynae Clinic / Hysteroscopy clinic / Endometriosis clinic. o Return to referrer – for more information. o Straight to test imaging – to include the new Pelvic Mass clinic – which started in February 2025 • Patients triaged for the Rapid Access clinics are seen in person and categorised based on their risk of cancer - either high or low. • If the referral does not appear to be malignant – the USC referral may close and the patient redirected to a more appropriate gynaecological clinic. In February they received 92 Gynae referrals – 58 patients were seen in clinic, 34 triaged to an alternative clinic or returned to		

		the GP with advice and guidance. • SM presented examples of the letter templates they use at DVH to explain the reason for downgrading a referral. However, the team are always happy to discuss a case further and the patient is copied into all correspondence. • DVH follow the British Menopause Society (BMS) guidelines for the management of bleeding on HRT. These guidelines provide a structured approach to assessment and referral and help standardise care across all of their services. This has led to a significant rise in RAC referrals and they are seeing more patients who may not have met the referral criteria previously. Pan-London has adapted their NG12 referral form including the BMS guidelines. • SD mentioned she is the only CNS in post and triages all Gynae referrals on a daily basis (approximately 15 per day). When she is on AL triaging will return to being Consultant led. • SD agreed to link in with AC regarding further GP education. • It was noted a number of patients are still being referred into Secondary Care despite the GP not seeing the patient face to face.		
8.	**Endometrial Cancer Update**	**<u>Update provided by Andreas Papadopoulos</u>** • AP highlighted the variation across the patch in terms of the management of endometrial cancer. He believes the network should think about centralising the management of endometrial cancer for confirmed grade 1 cases through a phased process over the next 6-months. • Endometrial Cancer classification – POLE, MMR and p53 – molecular features that help categorise the different subtypes of the disease and can lead to a poorer prognosis. • SAM noted these are not huge numbers of cases per year with 10 - 15 at MFT and 10 at DGT.		

		• Incorporate genetics – VG's Lynch Syndrome mainstreaming clinic. • HH agreed they need to do what is best for their patients and he is happy for MTW to progress once a start date has been confirmed.		
9.	**CNS updates**	**DVH update** • No further update provided. **EKHUFT update** • Family History clinic is now fully staffed. • Lynch Syndrome awareness day – stall set up. • Team are involved in the setting up of 2 research studies. • Concentrating on improving patient experience. **MTW update** • Providing education to sixth formers (16 – 18-year-olds) – highlighting cervical cancer. • Face to face HNA clinics have been set up for those patients who would prefer an assessment to be in-person. • VG is doing the Lynch Syndrome mainstreaming clinic for endometrial patients in West Kent. • Gaynor (Reeve) – has been on the menopause course • https://www.bgcs.org.uk/event/the-royal-marsden-gynaecological-cancers-2-day-conference/ **MFT update** • Paracentesis - Rocket Drain pathway – KF to provide an update at the next meeting. • Ovarian Cancer awareness month – had a stall in the atrium. • Sexual health stall set up at the Clover Street Clinic. • Capacity issues with only KF and ZP in post.		

		• PIFU and HNA's are going well. • LJ – Faster Diagnosis Nurse – working on MRI / benign discharge pathways – to improve figures.		
10.	**Research update**	• There were no research updates provided by DVH, MFT or MTW. **EKHUFT update** • RF is the new research nurse and she started in post in October (2024). • **PROTECTOR Study** – a research study for women who are at an increased risk of developing ovarian cancer due to an altered gene or a strong family history of cancer. Opened in April. • **Surgical Trial** – waiting to open. • **ICON-9 –** awaiting preliminary report. • EKHUFT have capacity to take on more studies and to let RF know. **Action – Hany agreed to circulate the latest list of Gynaecology Research trials that are taking place across K&M.**		**HH**
11.	**Chemo Top Tips for patients from patients** **AOB**	• HH confirmed the '**Chemo Top Tips for patients from patients**' leaflet would be circulated to the group (action completed after the meeting). He asked if these could be handed out by the CNS's to their patients. • OD referred to the HE4 protein, combined with CA-125 and the ROMA (Risk of Ovarian Malignancy Algorithm) index and help in diagnosing ovarian cancer which he has seen when visiting European hospitals. Not sure if this is available in the UK. HH felt this would be a good research project.		

		• Following a review of the Gynae USC referral form, HH asked about the wording - 'I am very concerned my patient has cancer but they do not meet the NICE NG 12 criteria' should this be removed. SAM stated if this was omitted it may well result in a significant increase in NSS referrals. The consensus of the group was to leave the comment in. • HH announced that AWi would be retiring in June and thanked her for her support and wished her all the best for the future. • HH thanked the members for their attendance and contribution at today's meeting.		
12.	**Next Meeting Date**	• **Wednesday 12th November 2025 – 13:30 – 17:00 – Venue TBC**		**KG has circulated the meeting date – venue TBC**