

**Lung Tumour Site Specific Group Meeting**  
**Thursday 16<sup>th</sup> October 2025**  
**Microsoft Teams**  
**14:00 - 16:30**

**Final Meeting Minutes**

<b>Present</b>	<b>Initials</b>	<b>Title</b>	<b>Organisation</b>
Tuck-Kay Loke <b>(Chair)</b>	<b>TKL</b>	Consultant Respiratory & General Physician	MTW
Ravish Mankragod	<b>RM</b>	Respiratory Consultant	MTW
Shona Sinha	<b>SS</b>	Consultant Histopathologist	MTW
Louise Gilham	<b>LG</b>	Mesothelioma UK CNS (Kent)	MTW
Neil Crundwell	<b>NC</b>	Consultant Radiologist	MTW
Gillian Donald	<b>GD</b>	Clinical Scientist	MTW
Jennifer Pang	<b>JP</b>	Consultant Clinical Oncologist	MTW
Simon Webster	<b>SW</b>	Consultant Respiratory Physician	MTW
Jane Brown	<b>JB</b>	Consultant Clinical Oncologist	MTW
Ranjit Pagonda	<b>RP</b>	Respiratory Consultant	MTW
Sandra Wakelin	<b>SWa</b>	Macmillan Lung Cancer ANP	MTW
Sophie Hurcomb	<b>SH</b>	MDT Co-ordinator	MTW
Katharine Clark	<b>KC</b>	Lung Cancer CNS	MTW
Riyaz Shah	<b>RS</b>	Consultant Medical Oncologist	MTW
Nicola Davis	<b>ND</b>	Consultant Clinical Oncologist	MTW
Naveen Sharma	<b>NS</b>	General and Cardiothoracic Radiology Consultant	MTW
Amit Goel	<b>AG</b>	Consultant Histopathologist	MTW
Grace Gilbert	<b>GG</b>	Lung Cancer Pathway Navigator	MTW
Michelle Crosbie	<b>MC</b>	Interim General Manager for Cancer & Haematology	DVH
Rekha Bhalla	<b>RB</b>	Consultant Respiratory Physician	DVH
Chieh-Yin Huang	<b>CYH</b>	Consultant Radiologist	DVH
Hateme Haxha	<b>HH</b>	Lung Cancer CNS	DVH
Dawn Stewart	<b>DS</b>	Pathway Lead	DVH
Toni Fleming	<b>TF</b>	Lead Macmillan Lung Cancer CNS/ Mesothelioma UK CNS	EKHUFT
Sarah Ryan	<b>SR</b>	Project Lead	EKHUFT
Pippa Enticknap	<b>PE</b>	Deputy General Manager	EKHUFT

Callum Blanch	<b>CB</b>	Cancer Information Analyst	EKHUFT
Scott McConnell	<b>SM</b>	MDM Co-ordinator	EKHUFT
Katie Moyler	<b>KM</b>	MDM Co-ordinator	EKHUFT
Kawsar Ahmed	<b>KA</b>	Respiratory Consultant	EKHUFT
Saleheen Kadri	<b>SK</b>	Respiratory Consultant	EKHUFT
Nicola Chaston	<b>NCh</b>	Consultant Cellular Pathologist	EKHUFT
Serena Gilbert	<b>SGi</b>	Cancer Performance Lead	KMCA
Jonathan Bryant	<b>JBr</b>	Primary Care Cancer Clinical Lead	KMCA
Marie Sodhi	<b>MS</b>	Project Support Office	KMCA
Karen Glass	<b>KG</b>	PA / Business Support Manager	KMCA / KMCC
Colin Chamberlain	<b>CC</b>	Administration & Support Officer	KMCC
Samantha Williams ( <b>Minutes</b> )	<b>SWi</b>	Administration & Support Officer	KMCC
Hayley Martin	<b>HM</b>	PCS Facilitator	MFT
Suzanne Bodkin	<b>SB</b>	Cancer Service Manager	MFT
Kolera Chengappa	<b>KC</b>	Respiratory Consultant	MFT
Sarah Paterson	<b>SP</b>	Faster Diagnosis Lung CNS	MFT
Thomas Sanctuary	<b>TS</b>	Respiratory Consultant	MFT
Heather Foreman	<b>HF</b>	Macmillan Lung and Mesothelioma Cancer CNS	MFT
Caroline Wordsworth	<b>CWo</b>	Patient Partner	
<b>Apologies</b>			
Suraj Menon	<b>SMe</b>	Consultant Radiologist & Clinical Director	DVH
Emma Lloyd	<b>EL</b>	Cancer Pathways Improvement Project Manager	KMCA
Annemarie Frenchum	<b>AF</b>	Programme Manager - LCSP	KMCA
Ann Courtness	<b>AC</b>	Macmillan Primary Care Nurse Facilitator	KMCA
Chris Singleton	<b>CS</b>	Senior Programme Manager	KMCA
Danielle Mackenzie	<b>DM</b>	Macmillan Lead Nurse for Personalised Care	EKHUFT
Syed Hassan	<b>SH</b>	Consultant Respiratory and General Medicine	EKHUFT
Katherine Toase	<b>KT</b>	Head of Operations - HCOOP, Respiratory, Rheumatology, Diabetes & Endocrinology	EKHUFT
Louise De Pledge	<b>LDP</b>	Metastatic Breast Cancer Clinical Nurse Specialist	EKHUFT
Dominic Chambers	<b>DC</b>	Consultant Histopathologist	MTW
Maher Hadaki	<b>MH</b>	Consultant Clinical Oncologist	MTW
Julia Hall	<b>JH</b>	Consultant Clinical Oncologist	MTW

Timothy Sevitt	<b>TSe</b>	Consultant Clinical Oncologist	MTW
Mathilda Cominos	<b>MC</b>	Consultant Clinical Oncologist	MTW
Joanne Patterson	<b>JP</b>	Lead Clinical Trials Pharmacist	MTW
Anjana Kulkarni	<b>AK</b>	Consultant Clinical Geneticist	GSTT

Item		Discussion	Action
1.	TSSG Meeting	<p><b><u>Apologies</u></b></p> <ul style="list-style-type: none"> <li>The formal apologies are listed above.</li> </ul> <p><b><u>Introductions</u></b></p> <ul style="list-style-type: none"> <li>TKL welcomed the members to today's meeting.</li> <li>If you attended the meeting and have not been captured within the attendance log above please contact <a href="mailto:samantha.williams23@nhs.net">samantha.williams23@nhs.net</a> directly.</li> </ul> <p><b><u>Action Log Review</u></b></p> <ul style="list-style-type: none"> <li>The Action Log was reviewed, updated and will be circulated to the members along with the final minutes from today's meeting.</li> </ul> <p><b><u>Review Previous Minutes</u></b></p> <ul style="list-style-type: none"> <li>The final minutes from the previous meeting which took place on the 19<sup>th</sup> March 2025 were reviewed and agreed as a true and accurate record.</li> </ul>	
2.	Clinical Reference Group Update & Action Log	<p><b><u>Update provided by Tuck-Kay Loke</u></b></p> <ul style="list-style-type: none"> <li>TKL went through the following actions on the CRG Action Log :-</li> </ul>	

		<p><b><u>Action 1</u></b></p> <ul style="list-style-type: none"><li>• Referral Process and Forms used in East Kent. JBr is leading with TF on this as there are significant differences between MTW and EKHUFT. ICE is the new process at EKHUFT.</li></ul> <p><b><u>Action 2</u></b></p> <ul style="list-style-type: none"><li>• There are issues around who funds the CtDNA Service. MTW confirmed that their funds will come out of the Oncology budget. There is variation across trusts and CtDNA should be centrally funded. NCh will raise this with David Boyson at EKHUFT as this may come under Respiratory. GD confirmed this service has been commissioned but is in the validation phase. The kits are not free of charge and cost £25 each, Trusts will have to pay for them. Testing to go directly to GSTT. TKL summarised the action and asked the Trusts to update if this should be funded by them or by the Cancer Alliance. This will be further discussed through the CRG.</li></ul> <p><b><u>Action 3</u></b></p> <ul style="list-style-type: none"><li>• The BTOG was presented at today's meeting to review follow-up protocols.</li></ul> <p><b><u>Action 4</u></b></p> <ul style="list-style-type: none"><li>• Develop a proposal for a harmonised follow-up protocol. TF is validating data findings.</li></ul> <p><b><u>Action 5</u></b></p> <ul style="list-style-type: none"><li>• Reach out to Pathology to review a year's worth of EBUS Samples to determine how many nodes are being sampled per procedure. Waiting for outstanding data at present.</li></ul> <p><b><u>Action 6</u></b></p> <ul style="list-style-type: none"><li>• Gather data from each Trust on their biopsy capacity. This is an on-going action.</li></ul> <p><b><u>Action 7</u></b></p> <ul style="list-style-type: none"><li>• To evaluate GSTT surgical resection cases over 2 months to determine to number upstaged at surgery. This is an on-going action.</li></ul>	
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<p>3.</p>	<p><b>Update – Lung Cancer Screening Programme</b></p>	<p><b><u>Presentation provided by Toni Fleming &amp; Sarah Ryan</u></b></p> <ul style="list-style-type: none"> <li>• TL explained that they had been working with CS and AF on public engagement for this programme and have found over 70 cancers so far.</li> <li>• The Lung Cancer Screening Programme Presentation provided an overview of the following :-</li> <li>• Lung Cancer - Impact of route to diagnosis on early diagnosis and survival.</li> <li>• Current GP Practices &amp; Localities covered by the LCSP.</li> <li>• Over 30,000 Invites have been sent and 14, 721 were accepted. DNA rate is at 3.5%.</li> <li>• One You – Smoke Free Service – Outcomes.</li> <li>• Baseline CT Scans to date.</li> <li>• LCSP at EKHUFT, detailing locations, invites and future plans for the East Kent Population.</li> <li>• Progress of LCSP at MTW, MFT and DGT.</li> <li>• Indicative LCSP Invitation Trajectories and anticipated site-level start dates.</li> <li>• National Lung Cancer Screening Programme.</li> <li>• National Programme Lung Cancer Diagnosis data to date.</li> </ul> <p>TKL added that EKHUFT are working with the Infoflex team to carry out invites digitally and the LCSP is currently working out of Buckland Hospital.</p> <p>PE advised that a Stake Holder Meeting is being set up at EKHUFT and is hoping that the Business Case will be approved for another Scanner.</p> <p>MTW’s Business Case for the programme is currently on hold, but Ritchie Chalmers is having a conversation with Miles Scott regarding funding issues.</p> <p>MFT has a Business Case but it is a huge challenge as there is no budget, they do hope that they might have a slow graded roll out of the programme but currently have no admin or GP Partner support.</p> <p>DGT is due to go live with the programme next February/March 2026. CYH is looking at the best reporting model regarding Incidental Findings. Interviews were recently held for their Programme</p>	<p><b>Presentation circulated to the group on Friday 17<sup>th</sup> October 2025</b></p>
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		<p>Manager post.</p> <p>SK queried the conversation rate. CB stated that the number of scans nationally is 1.4 and that patients invited are those that are high risk. TKL confirmed that 1 patient per 100 scans will be detected with lung cancer.</p> <p>TF agreed that this is a challenging project to get off the ground. TKL thanked everyone for their hard work and noted that this is a top priority for cancer nationally.</p>	
<p>4.</p>	<p><b>BTOG Tailored Lung Cancer</b></p>	<p><b><u>Presentation provided by Jennifer Pang</u></b></p> <ul style="list-style-type: none"> <li>• The Stratified Lung Follow-Up Presentation provided an overview of the following :-</li> <li>• Lessons Learned from Respiratory Colleagues – Tailored Follow-Up.</li> <li>• Why is it important, what do International Guidelines say and What evidence is there?</li> <li>• Greater Manchester Experience outlined.</li> <li>• LNC-Pathology Scoring System.</li> <li>• Greater Manchester Risk Stratified Follow-up after Lung Cancer Surgery Pathway.</li> <li>• Overall Survival &amp; Disease Recurrence – Risk Stratified LNC-Path.</li> <li>• Disease Recurrent – Route of Detection &amp; Treatment.</li> <li>• Risk Stratified FU – Radiotherapy.</li> <li>• Multivariate Analysis and Scoring System for the risk of recurrence within 2 years of radiotherapy (ASSENT Score).</li> <li>• Derivation &amp; Validation Cohorts.</li> <li>• Risk Stratified Follow-up Protocol following Curative-intent Radiotherapy for Lung Cancer (Low, Medium &amp; High Risks).</li> <li>• Reflections &amp; Conclusions.</li> </ul> <p>TF mentioned that there is no national protocol for surgical follow-up in place. There is a need to urgently look at this and develop a county-wide protocol. EKHUFT are developing a page on Infoflex to identify 5 year follow-up patients due to a recent incident, where a patient sadly died after missing their 5 year follow-up.</p>	<p><b>Presentation circulated to the group on Friday 17<sup>th</sup> October</b></p>

		<p>TS and SW suggested that this needs a system wide approach.</p> <p><b>ACTION – CRG to work on the protocol for surgical follow up and come back with a proposal to be agreed at next TSSG. Trusts to submit their data.</b></p> <p>TKL announced that the UK Lung Cancer Coalition is meeting in November 2025.</p>	<p>TKL</p>
<p>5.</p>	<p><b>Lung Data Performance</b></p>	<p>TKL went through the Lung Cancer Data Pack Slide Presentation.</p> <ul style="list-style-type: none"> <li>• FDS Performance has improved from 68.4% to 74.6% at Kent &amp; Medway in the last 6 months and 62 Day Performance is at 69.5%.</li> <li>• FDS Performance is well below the England average at EKHUFT. 62 day performance is much higher at DGT and MTW than at EKHUFT and MFT.</li> <li>• FDS Performance at MTW is 81.4%, DGT at 79.3%, MFT at 77.3% and EKHUFT at 67.3%.</li> <li>• 62 day Performance at MTW is 86.1%, DGT is at 82.2%, EKHUFT at 63.3% and MFT at 57.4%.</li> </ul> <p>TS from MFT was puzzled by some of the data noticing significant disparity between Trusts, especially around Decision to Treat, TKL agreed.</p> <p>TKL recommended setting up a workshop for MDT Co-ordinators as they input the data.</p> <p>MC noticed that DVH numbers were small and stated that we are all capturing differently across the Trusts. NC also added that there is a need to input data correctly. SW noted a glitch in the system as CNS Indicator should be in the high 80's.</p> <p><b>ACTION – SG agreed to hold a workshop for MDT Co-ordinators in order to harmonise data entry, share guidance/training and invite them to national meetings.</b></p> <p>TKL announced that data does need to be scrutinized and encouraged everyone to gain access to the Live Dashboard.</p>	<p><b>Data Pack circulated to the group on Tuesday 7<sup>th</sup> October 2025 &amp; Data Performance Presentation circulated on Friday 17<sup>th</sup> October.</b></p> <p>SG</p>

		<p><b><u>How to sign up to the Cancer Pathways and Cancer in Primary Care Dashboards</u></b></p> <ul style="list-style-type: none"> <li>• Register for access to Kent and Medway ICB Power BI reports by completing the form at <a href="https://forms.office.com/r/svyPSvktHw">https://forms.office.com/r/svyPSvktHw</a>.</li> <li>• Email <a href="mailto:David.Osborne11@nhs.net">David.Osborne11@nhs.net</a> to inform him that you have completed the form for access to the dashboard. It can take up to a week for the ICB to grant access.</li> <li>• Once access has been granted, you can access the dashboard at <a href="https://app.powerbi.com/home?ctid=4cfbd3c4-a42e-48a1-b841-31ff989d016e">https://app.powerbi.com/home?ctid=4cfbd3c4-a42e-48a1-b841-31ff989d016e</a>. Click on the <b>KM ICB Main</b> app and you will see <b>Cancer in Primary Care</b> and <b>Cancer Pathways</b> listed on the left-hand menu</li> </ul>	
<p>6.</p>	<p><b>Mesothelioma Update</b></p>	<p><b><u>Update provided by Louise Gilham</u></b></p> <ul style="list-style-type: none"> <li>• LG stated that 100 patients are diagnosed each year. This year there has been 72 diagnosed - 57 male and 15 female. West Kent have had more patients diagnosed compared to Medway and Swale which is unusual.</li> <li>• Every patient has a discussion regarding claiming Benefits and Compensation. 71 patients have had benefits awarded.</li> <li>• LG has been working alongside the Coroner which has been challenging and getting information back in a timely way has been an issue.</li> <li>• There is a new booklet coming out as Meso UK has re-published.</li> <li>• The Regional MDT for Mesothelioma started as a pilot on the 9<sup>th</sup> October 2025. RS is co-ordinating a clinical trial for mesothelioma patients called 'Hit Meso' at MTW-KOC. Those patients randomised to receive Hemithoracic Irradiation with Proton Therapy will have their treatment at UCLH – London but MTW-KOC will provide follow up over a 2 year period. There are also pipeline drug studies open next year, which will speed up access.</li> </ul>	

		<ul style="list-style-type: none"> <li>• There are stumbling blocks, have unified packs in Kent but they need to be accessible for DVH. Digital Pathology is coming into Kent and Medway.</li> <li>• SS announced they are starting validation and are now Phase 1 of Digital, with February/March as the first cohort of samples.</li> </ul>	
7.	LCNS Update from DVH	<p><b><u>Presentation provided on behalf of the LCNS team by Hateme Haxha</u></b></p> <ul style="list-style-type: none"> <li>• HH provided an LCNS update for all Trusts on behalf of all the Lung CNS's at DVH. The full details have been circulated to show the changes (in red) over the past 6-months.</li> <li>• EKHUFT added that they require more CNS Support.</li> <li>• ND welcomed any suggestions around CNS Support and announced that we are the worst performing nation in Cancer in EEC Countries, we need to tidy up our data and use systems to drive change. Trusts should own and refine their data and there should be support for new services.</li> </ul>	<p><b>Presentation circulated to the group on Friday 17<sup>th</sup> October</b></p>
8.	AOB	<ul style="list-style-type: none"> <li>• KG requested a date for the next TSSG in order to secure a room in the Academic Centre at MTW for a Face to Face Meeting.</li> </ul> <p><b>Cancer-related Fatigue Management film animation</b></p> <p>The video, created by a dedicated team of clinical nurse specialists, cancer support workers and allied health professionals, offers practical advice and emotional support to help patients and their families better understand and manage one of cancer's most common and disruptive side effects. It can also be a valuable resource for professionals working with cancer patients. You can watch the video on the Kent and Medway Cancer Alliance website – <a href="http://www.kentandmedwaycanceralliance.nhs.uk/cancer-related-fatigue">www.kentandmedwaycanceralliance.nhs.uk/cancer-related-fatigue</a></p> <p>Listen to Dr Jonathan Bryant, GP and Kent and Medway Cancer Alliance Clinical Lead talk about the film, in an interview with Sophie Sutton, on BBC Radio Kent Make a Difference - <a href="#">Radio Kent - Listen</a></p>	

		<p><a href="#">Live - BBC Sounds</a> (around 1:42).</p> <p><b>Limbo land - patient experiences of uncertainty and cancer</b> A series of films capturing personal cancer experiences, including professional perspectives on roles and support available</p> <ul style="list-style-type: none"><li>• <a href="#">limbo land - personal cancer experiences   Cancer Alliance</a></li></ul>	
9.	<b>Next Meeting</b>	<ul style="list-style-type: none"><li>• <b>Date in March/April 2026 – To be confirmed</b></li></ul>	