

Lung Tumour Site Specific Group Meeting
Wednesday 19th March 2025
Parkview Meeting Room, Mercure Hotel, Maidstone, ME17 1RE
13:30 - 16:30
Final Meeting Minutes

Present	Initials	Title	Organisation
Tuck-Kay Loke (Chair)	TKL	Consultant Respiratory & General Physician	MTW
Grace Gilbert	GG	Pathway Navigator	MTW
Ravish Mankragod	RM	Respiratory Consultant	MTW
Shona Sinha	SS	Consultant Histopathologist	MTW
Dominic Chambers	DC	Consultant Histopathologist	MTW
Neil Crundwell	NCr	Consultant Radiologist	MTW
Gill Donald	GD	Clinical Scientist	MTW
Jennifer Pang	JP	Consultant Clinical Oncologist	MTW
Sylvia Amofa-Kra	SAK	Assistant General Manager – Cancer Performance	MTW
Taiba Farooque	TF	Histopathology SpR	MTW
Gillian Donald	GD	Clinical Scientist	MTW
Simiat Ojo	SO	STT Nurse	DVH
Amy Peacock	AP	Macmillan Lung Cancer CNS	DVH
Tamara Cook	TC	Lung Cancer CNS	DVH
Hateme Haxha	HH	Lung Cancer CNS	DVH
Shweta Kabitas	SK	MDT Co-ordinator	DVH
Charmaine Walker	CWa	Cancer Performance Manager	DVH
Toni Fleming	TFI	Lead Macmillan Lung Cancer Clinical Nurse Specialist/ Mesothelioma UK CNS	EKHUFT
Sharon Gill	SGi	Lung Cancer CNS	EKHUFT
Pippa Enticknap	PE	Deputy General Manager	EKHUFT
Callum Blanch	CB	Cancer Information Analyst	EKHUFT
Anna Lamb	AL	Cancer Performance Manager	EKHUFT
Hannah Washington	HW	Faster Diagnosis Manager	EKHUFT
Brett Pereira	BP	Respiratory Consultant	EKHUFT
Serena Gilbert	SGil	Cancer Performance Lead	KMCA
Jonathan Bryant	JB	Primary Care Cancer Clinical Lead	KMCA

Annemarie Frenchum	AF	Programme Manager - LCSP	KMCA
Karen Glass	KG	PA / Business Support Manager	KMCA / KMCC
Colin Chamberlain	CC	Administration & Support Officer	KMCC
Samantha Williams (Minutes)	SWi	Administration & Support Officer	KMCC
Annette Wiltshire	AW	Service Improvement Lead	KMCC
Suzanne Bodkin	SB	Cancer Service Manager	MFT
Catherine Bodkin	CB	Macmillan Lung and Mesothelioma CNS	MFT
Kolera Chengappa	KCh	Respiratory Consultant	MFT
Tom Sanctuary	TS	Respiratory Consultant	MFT
Caroline Wordsworth	CWo	Patient Partner	
Apologies			
Claire Pearson	CP	Macmillan Lung Cancer Clinical Nurse Specialist	DVH
Suraj Menon	SM	Consultant Radiologist & Clinical Director	DVH
Chieh-Yin Huang (Phil)	CYH	Consultant Radiologist	DVH
Ian Vousden	IV	Director	KMCA
Laura Alton	LA	Senior Programme Manager	KMCA
Emma Lloyd	EL	Cancer Pathways Improvement Project Manager	KMCA
Ann Courtness	AC	Macmillan Primary Care Nurse Facilitator	KMCA
Suzie Chate	SC	Infoflex Development Manager	KMCC
Danielle Mackenzie	DM	Macmillan Lead Nurse for Personalised Care	EKHUFT
Sue Drakeley	SD	Senior Research Nurse	EKHUFT
Kim Watt	KW	Macmillan Lung CNS	EKHUFT
Victoria Hatcher	VH	Macmillan Upper GI Lead CNS	EKHUFT
Nicola Chaston	NCh	Consultant Cellular Pathologist	EKHUFT
Saleheen Kadri	SK	Respiratory Consultant	EKHUFT
Heather Foreman	HF	Macmillan Lung and Mesothelioma Cancer CNS	MFT
Nicola Davis	ND	Consultant Clinical Oncologist	MTW
Timothy Sevitt	TS	Consultant Clinical Oncologist	MTW
Harman Saman	HS	Consultant Medical Oncologist	MTW
Mathilda Cominos	MC	Consultant Clinical Oncologist	MTW
Louise Gilham	LG	Mesothelioma UK CNS (Kent)	MTW
Katharine Clark	KC	Lung Cancer CNS	MTW

Florina Hewitt	FH	Lung Cancer CNS	MTW
Sandra Wakelin	SWa	Macmillan Lung Cancer ANP	MTW
Simon Webster	SWe	Consultant Respiratory Physician	MTW
John Pilling	JP	Consultant Thoracic Surgeon	GSTT
Holly Groombridge	HG	Project Manager	GSTT

Item		Discussion	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"> TKL welcomed the members to today's face to face meeting and asked new members to introduce themselves. If you attended the meeting and have not been captured within the attendance log above please contact samantha.williams23@nhs.net directly. <p><u>Action Log Review</u></p> <ul style="list-style-type: none"> The Action Log was reviewed, updated and will be circulated to the members along with the final minutes from today's meeting. <p><u>Review Previous Minutes</u></p> <ul style="list-style-type: none"> The final minutes from the previous meeting which took place on the 19th September 2024 were reviewed and agreed as a true and accurate record (once duplication of attendees are removed). TKL stated that the support of all MDT Leads at the TSSG is required and good consistent representation is essential from across the acute trusts. 	

		<ul style="list-style-type: none"> TKL announced that Dr Rekha Bhalla is the new Clinical Lead for DVH and Dr Neil Crundwell is the new MDT Lead for MTW. 	
2.	Clinical Reference Group Update	<p><u>Update provided by Tuck-Kay Loke</u></p> <ul style="list-style-type: none"> TKL explained that the CRG has been set up to support and feedback to the Lung TSSG. It consists of a mini MDT constitution, two meetings have already been held, with one held at GSTT and one on Microsoft Teams. TKL went through the following agreed actions on the CRG Action Log :- <p><u>Action 1</u></p> <ul style="list-style-type: none"> The Lung Cancer Pathway of Care is being reviewed and discussed as it is due for renewal (last updated in 2022). <p><u>Action 2</u></p> <ul style="list-style-type: none"> The Pilot EBUS Audit was hotly subscribed and data/feedback will be provided at the next TSSG Meeting. <p><u>Action 3</u></p> <ul style="list-style-type: none"> To set up a pilot MDT meeting for mesothelioma and to feed back to CRG after a 3-month evaluation. This is on-going work. <p><u>Action 4</u></p> <ul style="list-style-type: none"> Speak to the Infoflex team to create a new subheading for mesothelioma to track data for the proposed regional mesothelioma MDT. TFI will feedback at the next CRG Meeting. <p><u>Action 5</u></p> <ul style="list-style-type: none"> To evaluate GSTT surgical re-section cases over 2 months to determine number upstaged at surgery. The role of staging is on-going. 	

		TKL added that streamlining of MDT's also needs to be addressed at the CRG Meeting.	
3.	Dashboard	<p><u>Update provided by Tuck-Kay Loke</u></p> <ul style="list-style-type: none"> • TKL thanked David Osborne for the high-level summary of the Dashboard. • 62 day performance is similar to six months ago, but FDS performance has fallen from 74.2% to 68.4% in Kent and Medway (bottom of the table nationally). • FDS Performance at MTW is 84.4%, DGT at 74.5%, MFT at 73.1% and EKHUFT at 62.3%. • 62 day Performance at MTW is 82.0%, DGT is at 76.4%, EKHUFT at 63.1%, MFT at 52.3% and GST at 40.9%. <p>TS highlighted that FDS is an on-going challenge, the time to first CT is difficult including the capacity issue. TKL asked Trusts about their pathway challenges.</p> <p>DVH reported that patient choice and getting the patient back to the clinic can be a significant issue. A Radiology Report is needed before they take patients off of the pathway, this is an ongoing challenge. There are also delays in Radiology and Histology reporting which are causing backlogs to get patients to the next stage.</p> <p>MFT reported delays in imaging reporting. KCh had discrepancies in some of the MFT data and agreed to discuss with David Osborne directly.</p> <p>MTW have PET delays and bookings can delay the pathway. SS reported issues with transportation of samples and stated that 2 consultants posts are still vacant. JP has audited the oncology pathway from start to finish and there is on average a 3 week delay.</p> <p>NCr added that there are very few PET providers and they need to be held to account for their KPI's. It would be good to obtain the data performance from these providers. It would be useful to have the information on how long did it take, when was it reported and reported to the clinician?</p>	Data Pack circulated to the group on Thursday 13th March

		<p>CWo (Patient Partner) asked for Chest X-Rays to be arranged in a timely manner.</p> <p>TKL stated that we need to improve the patient's awareness in the pathway as there is a clear delay in diagnosis with variations across the Trusts.</p> <p>There is a variation in conversion rates amongst the Trusts, this rate was especially low at Medway in 2024.</p> <p>Action – TKL to discuss at the CRG to look at the Lung Pathway Dashboard to see why there is high mortality following surgery at MTW and MFT.</p> <p><u>How to sign up to the Cancer Pathways and Cancer in Primary Care Dashboards</u></p> <ul style="list-style-type: none"> • Register for access to Kent and Medway ICB Power BI reports by completing the form at https://forms.office.com/r/svyPSvktHw. • Email David.Osborne11@nhs.net to say you have completed the form for access to the dashboard. It can take up to a week for the ICB to grant access. • Once access has been granted, you can access the dashboard at https://app.powerbi.com/home?ctid=4cfbd3c4-a42e-48a1-b841-31ff989d016e. Click on the KM ICB Main app and you will see Cancer in Primary Care and Cancer Pathways listed on the left-hand menu. 	TKL
4.	<p>Lung Cancer Screening Programme</p> <p>Kent & Medway</p>	<p><u>Presentation provided by Annmarie Frenchum</u></p> <ul style="list-style-type: none"> • The presentation provided an overview of the following :- • Context – LCS Coverage – proportion of eligible population invited to date (as of November 2024. Kent and Medway have 10% coverage in Phase 3 of the programme. • LCSP Expansion - 2025/2026 is a vital year for LCSP expansion in Kent and Medway, planning to have 5 sites at Buckland (EKHUFT), Canterbury (EKHUFT), Sheppey (MFT), Fordcombe 	<p>Presentation circulated to the group on Thursday 20th March</p>

		<p>(MTW) and Livingstone (DGT). CDC's have been delivered at Sheppey and DGT. Canterbury will be up and running shortly and are just awaiting the Data Sharing Agreement.</p> <ul style="list-style-type: none"> • Overview of the South Kent Coast and East Kent Programmes, Maidstone and Tunbridge Wells, Medway and Swale and Dartford and Gravesham Programmes outlining the Achievements, What is Outstanding and Support required. DGT will be the last site to go live in January 2026. MFT has no roll out date at present. • Further Programme Wide Achievements • Accessibility • Outreach Sessions • Visits have been held at the Nepalese Centre (Folkestone), Dover Outreach Centre and Dungeness Power Station to raise awareness. <p>59 Lung Cancers have ben found so far in South Kent Coast.</p> <p>Neil Cr stated that due to the LCSP they have been asked to provide the CT reporting and do not have enough capacity to do this – this is crucial for this pilot to be successful. EKHUFT do this in house currently using the income this generates.</p> <p>Advertising and promoting the LCSP – there is a very limited budget.</p> <p>CWo agreed to contact AF as she works for the BBC – South East and can introduce her to the right people.</p> <p>AMF welcomed any questions and future ideas.</p>	
5.	Molecular Lung Audit	<p><u>Presentation provided by Taiba Farooque</u></p> <ul style="list-style-type: none"> • TF provided a presentation on 'The relevance of immunohistochemical testing for ALK and ROS-1 in addition to molecular testing, in the work up of NSCLC patients.' 	<p>Presentation circulated to the group on Thursday 20th March</p>

		<ul style="list-style-type: none"> • Aims - To map the current NSCLC biomarker testing pathway at the trust with an aim to assess the usefulness of ALK and ROS1 immunohistochemistry, in addition to gold standard molecular testing, their relevance in predicting the presence of fusion/gene rearrangements amenable to treatment. • Study Centre - Department of Cellular Pathology and the Cellular Pathology Genomics Centre (CPGC) at Maidstone Hospital. • Study Design – Retrospective, cross-sectional study. • Sample size - 320 cases, diagnosed between January- December 2024. • Methodology - All cases of non-small cell lung cancer worked up in the above-mentioned period are being audited with an aim of determining concordance across IHC testing impression and molecular pathology assays. • Turn-around times for each modality and consistency with NOLCP standards will also be audited. • ALK Gene Re-arrangement and ROS1 Fusions • Both actionable mutations (Alectinib, Lorlatinib, Brigatinib and Crizotinib are NICE approved in the first-line setting for lung adenocarcinomas). • Immunohistochemistry (IHC), if carefully validated, can be used to select patients for treatment directly and offers the advantage of a shorter turn-around time. • Gold standard – NGS testing via GLHs (NHSE funded). • IHC is recommended as well as NGS, with FISH if NGS fails. IHC is performed in-house at MTW. • A targeted RT-qPCR fusion assay in the form of Idylla Genefusion panel (funded by the trust) is also performed, at the same time as sending the sample to the GLH. 	
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6.	Lung Optimisation Pathway	<p><u>Presentation provided by Serena Gilbert</u></p> <ul style="list-style-type: none"> • The Lung Cancer Pathway Development Programme presentation provided an overview of the following :- • Recap of the Aims • Map future state lung diagnostic and treatment pathways. • Identify gaps in current service to assess capability and compliance levels for future need. Identify areas for improvement and highlight risks associated with non-improvement. • Co-create business case for change, including additional resources to facilitate business case for service improvements • Implement service improvements and Evaluate the changes and share best practice. • Progress to Date (March 2025) 	Presentation circulated to the group on Thursday 20 th March

	<p>PET CT</p>	<ul style="list-style-type: none"> • Pathway Map • MFT – Areas of Focus • Regional Themes, Challenges and In-efficiencies <ul style="list-style-type: none"> i) PET Scanning TAT against KPI with Alliance Medical (Capacity, Communication, Vetting). ii) Regional EBUS Service to support fluctuations. iii) Kent Oncology Centre Referral & IPT (Variable) & Capacity. iv) Radiotherapy delays in treatment (Capacity). v) Surgical Pathway Capacity, Communication & Referral/IPT. vi) Pathology TAT's (Molecular TAT's (PD-L1), Transport to MTW). • PE plans to work with AL to carry out the Lung Cancer Pathway and implement changes at EKHUFT. DGT has a good clear picture to see where the challenges/lapses are for improvement. • SG has had a meeting with Bleepa (similar to a medical version of Whatsapp) and this maybe trialled across all Trusts. <p><u>PET CT Update</u></p> <ul style="list-style-type: none"> • SG advised that the PET CT Contract is up for renewal and will keep the TSSG updated. Audit information can be sent to SG. • MFT have imaging sharing challenges, all of Kent and Medway are on the same PAC system as GSTT and Kings. Non-diagnostic Systems and image sharing – they should not be reviewing on these systems. • As NHS England is now morphing into the Department of Health, there will be opportunities to capitalise, looking at expert groups on pathways and trajectories, the CRG can be used for this forum. 	
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7.	Mesothelioma Update	<p><u>Update provided by Toni Fleming</u></p> <ul style="list-style-type: none"> TFI will be meeting up with Louise Gilham and Riyaz Shah to look at setting up a Mesothelioma MDT. The Band 4 post is out to advert and will include the MDT role. Mesothelioma patients need to be coded correctly on Infoflex. There are no active trials in Kent for Mesothelioma at present. Meso UK have a trials app where patients can see what trials are available across the country. 	
8.	LCNS Update from DVH	<p><u>Presentation provided on behalf of the LCNS team by Amy Peacock</u></p> <ul style="list-style-type: none"> AP provided an LCNS update 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. TC is the new CNS at DVH covering Claire Pearson who is on maternity leave. CB stated that there is an Honorary Contract for MFT to go to MTW one day a week. In-patient reviews are not happening due to lack of CNS's. TFI added that at EKHUFT they have a new 0.8 Support Worker. There has been a bid for funding for a Surgical Follow-up CNS, a Business Case has been submitted and they have gone out to advert for a Band 4 Support Worker. TFI asked for the Annual Report to be circulated in time for the September meeting. <p>The Final Version of the Annual Report for Lung Clinical Nurse Specialists for all Trusts was circulated to the group.</p>	<p>Presentation circulated to the group on Thursday 20th March & Annual Report circulated to the group on 25th March</p>
9.	AOB	<ul style="list-style-type: none"> Chemo Top Tips were discussed and TKL asked everyone to share this document with patients in Clinic. If anyone has any other Top Tips please contact Tracey Ryan. 	<p>Chemo Top Tips & Lung Research Activity circulated to the group on 20th March</p>

		<ul style="list-style-type: none"> • TKL went through the Lung Research Activity document. • Primal Lung Trial is open at MTW – with 2 patients. • TKL stated that Kent & Medway need more Research Nurses. • A new Research Lead is required for the Lung TSSG, if anyone would like to express an interest, please contact TKL. • TNN Staging, 9th Edition was published in 2024, it slightly differs from the eighth edition in that metastatic cancer subdivisions are a little more refined on single site metastases. TKL confirmed that the TSSG now complies with the 9th Edition. • TKL announced that AW was retiring in June 2025 and thanked her personally for all of her support over the years. 	
10.	Next Meeting	<ul style="list-style-type: none"> • Date in September 2025 – To be confirmed 	