

Skin Tumour Site Specific Group Meeting
Thursday 20th November 2025
Microsoft Teams
14:00-17:00

Final Meeting Minutes

Present	Initials	Title	Organisation
Andrew Birnie (Chair)	AB	Consultant Dermatologist & Dermatological Surgeon	EKHUFT
Richa Tripathi	RT	Specialty Doctor in Dermatology	EKHUFT
Remya Prasannan	RP	Dermatology Specialist	EKHUFT
Raghuram Boyapati	RB	Consultant Oral & Maxillofacial Surgeon	EKHUFT
Roopa Farooki	RF	Dermatology Registrar	EKHUFT
Denis Bajramoski	DB	Consultant Dermatologist	EKHUFT
Denise Burt	DBu	Lead Skin Cancer CNS	EKHUFT
Sara O'Kelly	SOK	ST5 Dermatology Registrar	EKHUFT
Nick Williams	NW	Consultant Breast & General Surgeon	EKHUFT
Kim Peate	KP	Lead Skin Cancer CNS	EKHUFT
Saul Halpern	SH	Consultant Dermatologist	EKHUFT
Claire Harper-Brown	CHB	Dermatology Specialist Nurse	EKHUFT
Elizabeth Julian	EJ	Specialty Doctor in Dermatology	EKHUFT
Nina Hayes	NH	Skin Cancer CNS	EKHUFT
Carly Woods	CW	Skin Cancer Support Worker	EKHUFT
Gautami Agrawal	GA	Consultant Radiologist	EKHUFT
Annapoorna Pai	AP	Consultant – OMFS	EKHUFT
Sumeet Raj	SR	Specialty Training Registrar in OMFS	EKHUFT
Sona Mistry	SM	ST5 Dermatology Registrar	EKHUFT
Veronika Pronisceva	VP	Consultant Breast & General Surgeon	EKHUFT
Ann Courtness	AC	Macmillan Primary Care Nurse Facilitator	KMCA
Chris Singleton	CS	Senior Programme Manager	KMCA
Colin Chamberlain	CC	Administration & Support Officer	KMCC
Sam Williams (Minutes)	SW	Administration & Support Officer	KMCC
Will Ince	WI	Guest Speaker - Consultant Oncologist	Addenbrooke's Hospital
Nataliya Martynuk	NM	Consultant Medical Oncologist	MTW
Anthi Zeniou	AZ	Consultant Clinical Oncologist	MTW

Sarah Qureshi	SQ	Consultant Medical Oncologist	MTW
Sarah Eastwood	SE	Macmillan Personalised Care Project Manager	MTW
Laura Abdey	LA	Melanoma CNS	MTW
Siva Kumar	SK	Consultant Plastic, Reconstructive & Aesthetic Surgeon	QVH
Elecia Buckley	EB	Macmillan Skin Cancer CNS	QVH
Julie Anthony	JA	Macmillan Skin Cancer CNS	QVH
Mandy Charles	MC	Macmillan Skin Cancer CNS	QVH
Caspie Graham	CG	Macmillan Skin Cancer CNS	QVH
Abigail Brunning	ABr	Macmillan Skin Cancer CNS	QVH
Harriet Lynch	HL	Lead Cancer Manager	QVH
Christopher Macdonald	CM	Consultant Plastic Surgeon	QVH
Alice Hubbard	AH	Skin Cancer CNS	KIDS
Theo Bennett	TB	GP with Extended Role in Dermatology & Skin Surgery	East Kent Community Dermatology
Janet O'Hagan	JOH	Skin Cancer CNS	SCDS
Andrew Morris	AM	Consultant Dermatologist	SCDS
Andrew Taylor	AT	GP with Extended Role in Minor Surgery	Len Valley Practice
Apologies			
Marcia Ruddock	MR	Advanced Surgical Nurse Practitioner	EKHUFT
Suzie Chate	SC	CIS Inflex Development Manager	EKHUFT
Danielle Mackenzie	DM	Macmillan Lead Nurse for Personalised Care	EKHUFT
Jesuloba Abiola	JA	Consultant Oral & Maxillofacial Surgeon	EKHUFT
Nic Goodger	NG	Consultant Maxillofacial Surgeon	EKHUFT
Peter Such	PS	Reporting Radiographer	EKHUFT
Wendy Willmore	WW	Skin Cancer CNS	EKHUFT
Nicola Handford	NH	Reporting Radiographer	EKHUFT
Rhiannon Leppard	RL	Skin Cancer Support Worker	EKHUFT
Asha Rajeev	AR	Consultant Dermatologist	EKHUFT
Jonathan Bryant	JB	Primary Care Cancer Clinical Lead	KMCA
Emma Lloyd	EL	Cancer Pathways Improvement Project Manager	KMCA
Karen Glass	KG	PA & Business Support Manager	KMCA/KMCC
Phoebe Brown	PB	Assistant General Manager – Cancer Performance	MTW
Tracey Spencer-Brown	TSB	Head of Nursing – Oncology & Cancer Performance	MTW
Ann Fleming	AF	Consultant Pathologist	MTW

Laura Mullens	LM	Rare Cancers Clinical Nurse Lead	MTW	
Jennifer Turner	JT	Consultant Clinical Oncologist	MTW	
Kusu Orkar	KO	Consultant Plastic & Reconstructive Surgeon	QVH	
Arianne Kempton	AK	Skin Cancer CNS	KIDS	
Helen Graham	HG	Cancer Research Delivery Manager	NIHR	
Robert White	RW	GP with Extended Role in Dermatology & Skin Surgery	East Kent Community Dermatology	
Item		Discussion	Agreed	Action
1.	TSSG Meeting	<p><u>Apologies</u></p> <ul style="list-style-type: none">The apologies are listed above. <p><u>Introductions</u></p> <ul style="list-style-type: none">AB welcomed the members to the meeting and everyone introduced themselves. AB asked for everyone’s feedback after the meeting regarding holding it on Teams. <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 22nd May 2025 were agreed as a true and accurate record.		
2.	Oncology Updates	<p><u>Presentation provided by Anthi Zeniou</u></p> <ul style="list-style-type: none">The Oncology Updates Presentation provided an update on ongoing and upcoming Oncology Clinical Trials.		Presentation circulated to the group on Monday 24 th November

		<ul style="list-style-type: none"> IMPACT trial in East Kent, which was looking at the use of Cemiplimab Immunotherapy for locally advanced Basal Cell Cancer has now closed to recruitment SCC-After Trial open at MTW, 5/6 patients have been screened. RCR Skin Radiotherapy Consensus, should be published imminently. The Royal College of Radiologists are trying to streamline the use of radiotherapy in the context of skin cancer. There is positive data and lots of variation in practice. It is trying to align everyone and make sure that the treatment on offer is of a good standard across the country. AZ and KP discussed the status of Adjuvant Cemiplimab, noting that NICE approval is not expected until late next year and that current use is limited to palliative settings. AZ also referred to the C-POST Phase 3 Trial. 		
3.	<p>Ongoing Audits/Studies</p> <p>BCC Diagnosis</p> <p>Curettage for SCC</p> <p>PDS/AFX Outcomes</p>	<p><u>Update provided by Andrew Birnie</u></p> <ul style="list-style-type: none"> AF is leading on this which is looking at the diagnostic accuracy of BCC excisions and this will be presented in May 2026. Data has already been collected, but again not fully analysed and is looking at curettage or biopsy for SCC, with a plan to reduce the number of operations that are going ahead. There should be interesting data to look at. Reducing operations will be both a cost and time saving and will reducing morbidity for patients. AM presented European Guidelines a year ago which may be over cautious and perhaps a little too bit aggressive on the treatment. The plan is to look and share our own data. 		
4.	Clinical Reference Group Update	<p><u>Update provided by Andrew Birnie</u></p> <ul style="list-style-type: none"> The CRG have been meeting since February 2025 and the membership has changed in that time. CS is supporting the CRG with RW and TB sharing the GP role. Jesuloba Abiola is representing 		

	ICB Procurement Plan for Kent & Medway Dermatology Services	<p>Maxillofacial which provides a good range of representation from different Trusts and specialties.</p> <ul style="list-style-type: none"> • SM has signed up to the Medi lead Project and will be carrying out a project looking at targeted intervention for high referring, low conversion GP Surgeries. This may result in reducing some of the referrals. • The Medi Lead Project is for resident doctors to develop leadership skills where they pick a project which is achievable within a year to undertake to demonstrate change. • AB encouraged members to contact him if they require items to be discussed at the CRG. <p><u>Update provided by Chris Singleton</u></p> <ul style="list-style-type: none"> • CS highlighted that the Cancer Alliance is currently hosted by the NHS Kent and Medway ICB who will retain commissioning responsibility for Dermatology Services. The ICB is looking to develop across Kent and Medway a single service specification for Dermatology services across the county. • There appears to be significant variation between East and West Kent in terms of practices and a difference in community services. The aim is to create uniformity, learn from best practice and reduce contracts between the ICB and providers. Discussion is taking place with representation from all community and primary care providers. • KMCA wants to ensure there is high quality of cancer services available to patients and that MDT links are maintained. 		
5.	Merkel Cell Carcinoma	<p><u>Presentation provided by Raghuram Boyapati</u></p> <ul style="list-style-type: none"> • The Merkel Cell Carcinoma Presentation provided an overview of Merkel Cell Carcinoma and its current management. He discussed US and European data and guidelines. All recommended SLNB. • SLNB's in EKHUFT per annum. We are sending all patients to KIMS in Maidstone due to the 		Presentation circulated to the group on Monday 24th November

		<p>burden to our Radiology team. Breast Team currently perform 70 SLNB's a year, OMF is 15, Merkel Cell is 5 and Future Proofing is 10. We should be planning for 100 Sentinel Biopsies per annum and need to improve our nuclear medicine colleagues and staff.</p> <ul style="list-style-type: none"> The group discussed that most SLNBs are currently performed at KIM's Maidstone due to local capacity constraints, with only a small number for Merkel Cell Carcinoma and debated whether funding should come from surgical or radiology directorates. <p>ACTION - RB to review European Guidelines, draw up a criteria list for who should be offered and circulate it to TSSG members for agreement. Business Case to be developed, once discussions have taken place with the Radiology and Surgical Directorate Leads. Post meeting note : KP is on the UK Guidelines Committee and will share the proposals with RB to aid.</p>	RB & KP	
6.	Cemiplimab in Immunocompromised Transplant Patients	<p><u>Presentation provided by Will Ince</u></p> <ul style="list-style-type: none"> The Libtayo (Cemiplimab) Management & Treatment of Advanced CSCC Patients Presentation included four Patient Case Studies which included Background, Medical History, Presentation, Staging, Evaluation, Imaging, Treatment, Progress and Outcomes. He provided reassurance that Cemiplimab can be used in immunocompromised patients, in particular renal transplants, with appropriate consent and balancing of risks and benefits. 		Presentation circulated to the group on Monday 24th November
7.	Neoadjuvant ICI Therapy for Melanoma	<p><u>Presentation provided by Kim Peate</u></p> <ul style="list-style-type: none"> Pembrolizumab is likely to be approved first, with a possible rollout in the next few months. KP discussed concerns about the impact of neoadjuvant therapy on pathology workload and surgical pathways, noting that current trial protocols require nodal clearance and that future guidelines will clarify patient eligibility and workflow. The group agreed that planning for joint surgical and oncology clinics may be necessary, especially in more fragmented service areas and that clear pathways will be essential once neoadjuvant therapy becomes standard. 		Presentation circulated to the group on Monday 24th November

		<ul style="list-style-type: none"> KP is awaiting further information from pharmaceutical contacts and colleagues involved in lobbying for NICE approval. <p>ACTION - KP will provide a more detailed update at the next TSSG.</p>	KP	
8.	Stopping Anticoagulants Prior to Skin Surgery	<p><u>Presentation provided by Raghuram Boyapati</u></p> <ul style="list-style-type: none"> The presentation introduced a discussion on whether direct oral anticoagulants (DOACs) should be stopped before performing skin cancer surgery. RB outlined the following :- BSDS Guidance on Antithrombotics and Skin Surgery Flowchart. General risk of bleeding by procedure type (highest to lowest) included Secondary intention wounds following excision, Local Flaps, Grafts, Direct Closure and Curettage and Electrocautery. Lower Thrombotic Risk Patients (eg. Non-valvular AF) – If there is concern about bleeding, stopping the DOAC 24-48 hours prior to the procedure should pose a low risk. <p>RB would like to propose stopping anticoagulation in patients who are going to have local flaps or skin grafts.</p> <p>AM and others emphasised the importance of individualised risk assessment, careful documentation and patient consent, noting the rare but serious risks of both bleeding and thrombotic events.</p> <p>AB felt there was a reluctance to give a blanket rule for stopping as there is a need to have a clear conversation with the patient regarding the risk, but it is important for the clinician booking the procedure to take into consideration the higher risk sites and dual anticoagulant therapy.</p>		Presentation circulated to the group on Monday 24 th November
9.	Pathways of Care Updates & Revisions	<p><u>Update provided by Andrew Birnie</u></p> <p>AB discussed the need to update and revise the following Pathways of Care :-</p>		

	<p>Basal Cell Carcinoma PoC</p> <p>Cutaneous Lymphoma PoC</p> <p>Melanoma PoC</p> <p>Squamous Cell Carcinoma PoC</p>	<ul style="list-style-type: none"> Basal Cell Carcinoma PoC will be discussed at the CRG. Cutaneous Lymphoma PoC will be discussed at the CRG. CM will update the Melanoma PoC and AZ is happy to contribute. AM and KP will update this by the next meeting. 		
10.	Cancer Dashboard	<p><u>Update provided by Andrew Birnie</u></p> <ul style="list-style-type: none"> AB went through the Data Pack Slides provided by David Osborne and stated that overall we are doing well. Kent and Medway are above the England average for FDS and average with 62 Day performance. FDS at Kent & Medway is at 86.2%. 62-day performance is at 86.9%. Performance is highest at EKHUFT and lowest at SCDS. FDS at EKHUFT is at 91.9.1%, QVH is at 83.9% and SCDS is at 83.0%. 62-day Performance at EKHUFT is at 91.2%, QVH at 86.9% and SCDS is at 82.6%. AM highlighted difficulties with Histopathology at MTW who are struggling with specimen turnaround times of 3-5 weeks and can only chase 10 results a week. AM is confident that there will be an improvement in the figures over the next 6 months. JA outlined that data has not been captured regarding the number of referrals at QVH. AB explained that the patient experience numbers come from the national surveys. Awareness campaigns are helping with Melanoma presenting earlier. AB encouraged everyone to gain access to the to the Dashboard. 		Data Pack circulated to the group on Monday 17 th November

		<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. 		
11.	CNS Updates	<p><u>EKHUFT</u></p> <ul style="list-style-type: none"> • DB are working through Stratified Pathways and is finalising the SOP, ready to be implemented. <p><u>MTW</u></p> <ul style="list-style-type: none"> • LA stated that she is currently the sole CNS at MTW but they have recruited another CNS that will commence by the end of the year. Laura Mullins is the new Lead Rare Cancer CNS and is supporting till the new CNS commences. <p><u>SCDS & QVH</u></p> <ul style="list-style-type: none"> • No update provided. 		
12.	AOB	<ul style="list-style-type: none"> • No items raised to discuss. • AB thanked everyone today for the good discussions that had taken place. 		

		<p>Cancer-Related Fatigue Management Film Animation</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 – www.kentandmedwaycanceralliance.nhs.uk/cancer-related-fatigue</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 - Radio Kent - Listen Live - BBC Sounds (around 1:42).</p> <p>Limbo land - patient experiences of uncertainty and cancer</p> <p>A series of films capturing personal cancer experiences, including professional perspectives on roles and support available</p> <p>limbo land - personal cancer experiences Cancer Alliance</p>		
	Next Meeting	Thursday 21st May 2026 (2.00pm – 5.00pm) – Conference Room, Postgraduate Centre, William Harvey Hospital, Ashford.		