

Thyroid Tumour Site Specific Group meeting
Wednesday 3rd September 2025
Microsoft Teams
09:30 - 12:10

Final Meeting Minutes

Present	Initials	Title	Organisation
Chris Theokli (Chair)	CT	Consultant ENT Thyroid Surgeon	EKHUFT
Eranga Nissanka-Jayasuriya	ENJ	Consultant Head & Neck Histopathologist	EKHUFT
Susan Honour	SH	Macmillan Lead Head & Neck & Thyroid CNS	EKHUFT
Elizabeth Hall	EH	Principal Clinical Scientist, Clinical Biochemistry	EKHUFT
Amy Organ	AO	MDT Co-ordinator	EKHUFT
Ali Al-Lami	AAL	Consultant ENT & Head & Neck Surgeon	EKHUFT
Muhammad Eraibey	ME	Consultant Radiologist	EKHUFT
Robert Hone	RH	Head & Neck Otolaryngology Consultant	EKHUFT
Alistair Balfour	AB	Consultant ENT, Head & Neck & Thyroid Surgeon	EKHUFT
Anna Lamb	AL	Cancer Performance Manager	EKHUFT
Julian Hamann	JH	Consultant ENT & Thyroid Surgeon	MTW
Mary Boyle	MP	Consultant Pathologist	MTW
Alexis Corrigan	AC	Consultant Radiologist	MTW
Bindu George	BG	Head & Neck CNS	MTW
Kate Hulley	KH	Consultant Radiologist	MTW
Nadine Caton	NC	Consultant ENT	MTW
Siva Sivappriyan	SS	Consultant Physician, Diabetes & Endocrinology	MTW
Sarah Eastwood	SE	Macmillan Personalised Care Project Manager	MTW
Jonathan Bryant	JB	Clinical Lead / GP	KMCA / NHS Kent & Medway ICB
David Osbourne	DO	Data Analyst	KMCA
Bana Haddad	BH	Clinical Lead/GP	KMCA
Marie Sodhi	MS	Project Support Officer	KMCA
Karen Glass	KG	PA & Business Support Manager	KMCA & KMCC
Colin Chamberlain	CC	Administration & Support Officer	KMCC
Sam Williams (Minutes)	SW	Administration & Support Officer	KMCC

Kent and Medway Cancer Collaborative

Navdeep Upile	NU	Consultant Otolaryngologist Head and Neck Surgeon	MFT & QVH
Adam Gaunt	AG	Consultant ENT Surgeon	MFT
Maria Acosta	MA	Consultant Physician in Nuclear Medicine	MFT
Suzanne Bodkin	SB	Cancer Service Manager	MFT
Hayley Martin	HM	Personalised Care & Support Facilitator	MFT
Jeremy Davis	JD	Consultant ENT Surgeon	MFT
Debbie Hannant	DH	Macmillan Head & Neck CNS	MFT
Monika Wasilak	MW	Macmillan Head & Neck CNS	MFT
Sabita Pokharel	SP	Clinical Research Practitioner/Nurse	MFT
Bincey Joseph	BJ	CNS	QVH
Apologies			
Danielle Mackenzie	DM	Macmillan Lead Nurse for Personalised Care	EKHUFT
Pippa Enticknap	PE	Deputy General Manager - Cancer, Clinical Haematology & Haemophilia	EKHUFT
Vikram Dhar	VD	ENT / Head and Neck Consultant Surgeon	EKHUFT
Suzie Chate	SC	CIS Inflex Development Manager	KMCC
Ian Vouden	IV	Director	KMCA
Emma Lloyd	EL	Cancer Pathways Improvement Manager	KMCA
Ritchie Chalmers	RC	Medical Director	KMCA
Serena Gilbert	SG	Cancer Performance Manager	KMCA
Ann Courtness	ACou	Primary Care Nurse Facilitator	KMCA
Anju Kulkarni	AK	Consultant Clinical Geneticist	GSTT
John Schofield	JS	Consultant Pathologist	MTW
Ann Fleming	AF	Consultant Histopathologist	MTW
Gemma McCormick	GM	Consultant Oncologist	MTW
Phoebe Brown	PB	Assistant General Manager – Cancer Performance	MTW
Deborah Owen	DA	Macmillan Head & Neck CNS	MFT

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"> CT welcomed the members to today's meeting and the group introduced themselves. CT expressed his concern over holding today's meeting over Microsoft Teams as it is not an ideal way to have meaningful debates and consensus reviews. CT would like future meetings to be held face to face. If you attended this meeting and are not captured on the attendance list above please contact Samantha.williams23@nhs.net directly and the distribution list will be amended accordingly. <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 4th March 2025 were not reviewed but agreed as a true and accurate account of the meeting. <p><u>Review Action Log</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. 		
2.	Dashboard	<p><u>Update provided by David Osborne</u></p> <ul style="list-style-type: none"> DO provided an overview of the Live Dashboard and explained that this data is reviewed and obtained via PAS/Trusts Clinical Systems, ICB Data Warehouse or Infoflex. DH asked for colleagues to contact him if they would like to see any additional indicators incorporated into the Dashboard. Thyroid investigations – shown more are taking place at MFT and EKHUFT rather than MTW. Histopathology investigations are starting to improve but were worse at MTW. NU questioned if the Dashboard was capturing all of DVH data as the number of Head & Neck 		Data Pack circulated to the group on Friday 29 th August

		<p>Referrals (246) are not a true reflection, DO explained that if numbers are low, it relates that coding is not there.</p> <ul style="list-style-type: none"> JD notified differences between this data and nationally published data and encouraged the group to review the NCIP Website for additional data. <p>Action – DO and CT to discuss data further offline to enable DO to gain access to nationally published Data (NCIP)</p> <ul style="list-style-type: none"> AB mentioned that the data around Co-morbidity and those patients treated with Radioactive Iodine is not accurate or useable. DO explained it is due to smaller numbers compared to the other tumour sites and incomplete coding. CT thanked DO for providing this data and encouraged everyone to contact DO with any queries or better data sources and obtain access to the Live Dashboard. <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 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. 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. 		CT
3.	CNS Updates	<p><u>EKHUFT</u></p> <ul style="list-style-type: none"> SH announced there are no changes currently with the CNS Thyroid Service. The service is comprehensive and there is good support in place for patients. SH is keen to see how the Padlets progress as they would like to explore using these at EKHUFT. 		

		<p><u>MTW</u></p> <ul style="list-style-type: none"> BG stated that a new CNS Oncologist has been appointed, commencing in October who will be part-time, covering Thyroid and Head and Neck patients. They have lost Luisa Roldaopereira as CNS and as a result this has affected Nurse Led Follow-Up Oncology Service Provision. <p><u>MFT</u></p> <ul style="list-style-type: none"> DH advised that the Holistic Nursing Assessments (HNA's) have started at homes via email to patients looking at all aspects of care. Some HNA's are still been held over the telephone to support patients for those without IT. MFT are looking at Padlets to use for patient information and as a support resource. MW who is the new CNS will be taking this forward. 		
4.	Nurse Led Thyroid Service	<p><u>Presentation provided by Susan Honour</u></p> <ul style="list-style-type: none"> The presentation provided an overview of the following :- The role of the CNS <ul style="list-style-type: none"> i) Patient Support – Point of Contact ii) Provide Emotional Support iii) Offer HNA's – (Counselling Reports) iv) Escalate Issues and Co-ordinate/Monitor Pathway v) Clinical Expertise – Guidance to Patients, Teams and GP vi) Nurse Led Clinics vii) Treatment Summaries History - SH provided a background to nurse-led clinics and how Thyroid services have evolved over the years – particularly from when SH commenced as Thyroid CNS in 2003. 		<p>Presentation circulated to the group on Thursday 4th September</p>

		<ul style="list-style-type: none"> SH outlined a complex patient story of a 55 year old male, back in 2022. Supported Self-Management is well established at EKHUFT and includes :- <ul style="list-style-type: none"> i) Dynamic Risk Stratification ii) Discussion at MDM iii) Reducing Levothyroxine iv) If patient is low risk – consideration of supported Self-Management – no-one has declined when offered. v) Patients advised of Red Flags vi) HNA & Treatment Summaries SH confirmed that in 2025 the Thyroid Service is now predominately nurse led after Dynamic Risk Stratification. They currently have 15/20 patients on this service and they are monitored through Infoflex. <p>CT thanked SH for her excellent presentation and brilliant support for their thyroid patients.</p> <p>DH highlighted that MFT are looking at Supported Self-Management and hopes to provide an update at the next meeting. SH is happy to share resources.</p>		
5.	Research Update	<p><u>Presentation provided by Maria Acosta</u></p> <ul style="list-style-type: none"> The Research Update Presentation provided an overview of the following :- Thyroidectomy with or without post-operative radioiodine for patients with low-risk differentiated thyroid cancer in the UK (IoN) – a randomized, multi-centre, non-inferiority trial. Data Recorded - 504 Patients, Follow Up 6-8years. Recurrent Rate 8/17 No Ablation and 9/17 Ablation Group (1.1). Recurrent Rates higher than T3 – 4/46 T3 vs 13/458 T1/T2. Interpretation – The IoN Trial shows that ablation (or postoperative radioiodine) can be 		<p>Presentation circulated to the group on Thursday 4th September</p>

		<p>avoided for patients with pT1, pT2 and N0 or Nx tumours with no adverse features. Many patients with low risk differentiated thyroid cancer worldwide can safely avoid post-operative radioiodine and its related hospitalization and side-effects, which in turn results in lower healthcare costs.</p> <ul style="list-style-type: none"> • Discussion – Long-term follow-up of the IoN trial shows that ablation is unnecessary in patients with differentiated thyroid cancer, specifically those with PT1 or T2 tumours that are N0 or Nx, as patients who did not receive ablation did not have inferior 5-year recurrence-free rates compared with those who did have ablation. For any randomized trial, conclusions typically apply to the types of patients who were recruited for the IoN. • Current Practice modified following IoN Trial :- <ul style="list-style-type: none"> i) New Updated NICE Guidance. ii) Low RAI – 1.1GBq T1/3N0/N1a vs N0M0 3.7Gb and N1M0 5.5Gb. iii) No RAI micropapillary. iv) Benefits - Lower radiation to patients. v) ALARA. vi) Outpatient Therapy. • Graph – Medway DVH Annual Thyroid Cancer. • HoT Trial launched. Site Initiation – At MFT on 17th June 2022. • Purpose of the HoT Trial & Trial Design Flowchart • Trial Treatment – Patients randomized to either undergo surveillance, hemi-thyroidectomy or a total thyroidectomy. • Medway Patients (up to August 2025) – a total of 29 patients considered, 3 withdrawn, Group 1 had 24 patients, Group 2 had 2 patients. Current active involved – 24 patients, 2 pending. Recruitment extended to 2028. • Histology Slide – Papillary, Follicular and Oncocytic – Observations and Completions. • Clinical Investigation Article. • Table – Detailing RS Differences at 3 years, 5 years and 10 years follow-up. • Conclusion – Depending on histologic subtype, the 10 years relative survival rate is higher in patients with low, intermediate and high-risk DTC after undergoing RAI therapy. For FTC a clear trend toward higher survival rates was observed, even for low-risk minimally invasive 		
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		<p>FTC. For PTC, a survival benefit prevails in the presence of lymph node involvement and larger tumour size and is most pronounced with distant metastasis. Benefits in relative survival of up to 30.9% (P<0.05) were observed in the high-risk category.</p> <p>NU commended MA for her hard work and CT expressed his thanks. MA is planning to meet with DO to discuss the Radioiodine Data.</p> <p>MA feels that Radioiodine is better for patients long term. The HoT trial is being extended to 2028.</p>		
6.	Thyroid MDM Structure	<p><u>Update provided by Chris Theokli</u></p> <ul style="list-style-type: none"> CT advised that there are currently barriers/challenges in place in West Kent of going over to a weekly MDM Meeting and requires guidance/support from the Cancer Alliance. MDM's are sometimes held every 3 weeks which is not appropriate. This will require job planning and having the personnel available. MTW - KH is able to attend the MDM every other week but Dennis Baker needs to have the final say and look at the Job Plans. NC explained that they have moved to a 4-week rota and will have an issue justifying to the Trust regarding P.A. allocation. Activity changes on a weekly basis. CT added that not all MTW Surgeons can attend weekly but agreed MDM's are a priority. MFT - NU added that MFT are on board but they have structural issues. MA will look into Radiology support. <p>Action – CT to discuss with Ritchie Chalmers to help improve and facilitate the MDM's.</p>		CT
7.	Clinical Reference Group Update	Not discussed.		
8.	AOB	<ul style="list-style-type: none"> NU raised Thy3a under 4cm – CT confirmed that EKHUFT are taking patients off the cancer pathway and putting them on a timed pathway with the intention of operating on them 		

		<p>within 3 months. NU asked SB to take this forward.</p> <ul style="list-style-type: none"> EH raised delay concerns that Thyroglobulin samples are 4/5 weeks old and asked how radio-active are the samples and the integrity of them. Stability of the samples states as 30 days. <p>Action – MA will discuss these samples with their Bio-Medical Scientist.</p> <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 Radion 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 limbo land - personal cancer experiences Cancer Alliance</p>		MA
9.	Next Meeting Date	<ul style="list-style-type: none"> Date in March 2026 (preferably a Thursday) to be agreed in collaboration with the Head & Neck TSSG meeting which is taking place later today. Face to Face meeting required. 		