Acute Oncology, CUP & NSS Forum Tumour Site Specific Group meeting
Wednesday 29th November 2023
Microsoft Teams
13:30-16:30

Final Meeting Notes

Present	Initials	Title	Organisation
Tracey Spencer-Brown (Chair)	**TSB**	Macmillan Nurse Consultant – Acute Oncology	MTW
Charlotte Moss	**CM**	Consultant Oncologist	MTW
Evelyn Bateta	**EBa**	Macmillan Lead for Information Support	MTW
Jenny Weaver	**JW**	IO CNS in AOS	MTW
Hannah Goren	**HG**	AO CNS	MTW
Emma Hughes	**EH**	NSS Team Lead	MTW
Natalie Smith	**NS**	AO CNS	MTW
Megan Lumley	**ML**	AOS CNS	MTW
Jade Barton	**JBa**	NSS Navigator	MTW
Billie-Jo Beacroft	**BJB**	AO CNS	DVH
Stacie Main	**SMa**	AO CNS	DVH
Carrie Barton	**CB**	NSS CNS	DVH
Hannah Weston Simons	**HWS**	NSS GP	DVH
Laura Burns	**LBu**	AO Associate Nurse	DVH
Marie Payne	**MPay**	Macmillan Lead Cancer Nurse	DVH
Jennifer Jewell	**JJ**	AO Matron	EKHUFT
Lucy Page	**LP**	AO Navigator	EKHUFT
Claire Whiteley	**CW**	NSS Lead	EKHUFT
Ritchie Chalmers	**RCha**	Medical Director	KMCA
Colin Chamberlain (Notes)	**CC**	Administration & Support Officer	KMCC
Karen Glass	**KG**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Lead	KMCC/KMCA
Sharon Middleton	**SMi**	Macmillan Partnership Manager	Macmillan Cancer Support
Hannah Taylor	**HT**	NSS Lead GP	MFT
Ifeoluwa Alayo	**IA**	NSS CNS	MFT
Afroditi Karathanasi	**AK**	Consultant Medical Oncologist/Oncology Lead	MFT
Vicky Kidner	**VK**	Lead Chemotherapy Nurse/Matron for Cancer	MFT
Tatiana Andrews	**TA**	NSS Navigator	MFT
Mayank Patel	**MPat**	NSS Lead Consultant	MFT
Deirdre Cooke	**DC**	AO & CUP CNS	MFT
Rosie Chester	**RChe**	Consultant	Wisdom Hospice

Apologies			
Jin Lindsay	**JL**	Consultant Haematologist	EKHUFT
Lavinia Davey	**LD**	Haemato-oncology (Blood Cancers) Research Team Leader	EKHUFT
Caroline Rickard	**CR**	GP	Kent LMC
Serena Gilbert	**SG**	Cancer Performance Manager	KMCA
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCA
Joanna Carrim	**JC**	Locum Consultant in Palliative Medicine	Medway Community Healthcare
Louise Black	**LBl**	Macmillan Deputy Lead Cancer Nurse	MFT
Emma Bourke	**EBo**	Macmillan Personalised Care & Support Facilitator	MFT
Suzanne Bodkin	**SB**	Cancer Service Manager	MFT
Riyaz Shah	**RS**	Consultant Medical Oncologist	MTW
Philippa Moth	**PM**	Chief of Cancer Services / Consultant Obstetrician and Gynaecologist	MTW
Ola Okuwa	**OO**	Senior Oncology Pharmacist	MTW
Mathilda Cominos	**MC**	Consultant Clinical Oncologist	MTW
Maher Hadaki	**MH**	Consultant Clinical Oncologist	MTW
Jennifer Pang	**JP**	Consultant Clinical Oncologist	MTW
Bobbie Matthews	**BM**	Lead Acute Oncology Nurse	MTW
Erika Wade	**EW**	Acute Oncology CNS	MTW
Deborah Willcox	**DW**	Lead Haematology & Lymphoma Research Nurse	MTW
Jonathan Bryant	**JBr**	Primary Care Cancer Clinical Lead	NHS Kent & Medway ICB
Ann Courtness	**AC**	Macmillan Primary Care Nurse Facilitator	NHS Kent & Medway ICB

Item		**Discussion**	**Action**
1	**TSSG Meeting**	**<u>Apologies</u>** • The apologies are listed above. **<u>Introductions</u>** • TSB welcomed the members to the meeting and asked them to introduce themselves. **<u>Action log Review</u>** • The action log was reviewed, updated and will be circulated to the members along with the final minutes from today's meeting. **<u>Review previous minutes</u>** • The final minutes from the previous meeting were reviewed and agreed as a true and accurate record.	
2	**Introduce Cancer Alliance**	**<u>Update provided by Ritchie Chalmers</u>** • RCha believes strong collaborative clinical leadership is imperative for driving the TSSGs forward and would like to make this forum the repository of expertise in the region.	

	Medical Director	• RCha highlighted the importance of identifying the specific problems KMCA have and identifying what she described as 'sticking points', areas requiring more input from specialties to expedite issues. • RCha stated there is an aim to develop a clinical strategy which dovetails with the ICB clinical strategy and KMCA (which will be hosted by NHS Kent & Medway ICB from some point in 2024) believe the TSSG is the most appropriate forum to drive this forward for the region. • RCha emphasised the importance of reviewing available data in order to help inform the clinical strategy. Furthermore, RCha feels it would be helpful to know what data the members would like to see in order to support pathways and highlighted that there is an intention to establish a dashboard in due course. • RCha is keen for the TSSGs to introduce lead roles such as a Lead Radiologist, Lead Pathologist and Lead CNS and she welcomes views from others regarding implementing these. • RCha welcomes any feedback from colleagues regarding ideas for improvement. • RCha believes KMCA are exemplary with regard to implementing the national cancer strategy. • RCha and the wider KMCA team are keen to support MDMs, the standardisation of pathways and for mutual aid to be provided where possible. • RCha stated JBr, who was unable to attend today's meeting, is the Primary Care Cancer Clinical Lead for KMCA. JBr is keen to improve the relationships/communication between primary and secondary care and is especially interested in working with GP colleagues to improve the quality of referrals (of which there is a great variation). • The Alliance wants to be as accessible as possible and there are plans to expand roles with additional project management support. • RCha highlighted that Kent & Medway have a high rate of locum GPs compared to other parts of the country which she feels requires further investigation. She questioned whether further discussion is required with colleagues around patient self-referral in order to relieve some of the pressures on primary care. • AK feels it would be helpful to have additional resource from the Alliance in terms of supporting chemotherapy services/those providing oncological treatments as well as their patients. RCha agreed with this and highlighted the need for more support to be provided to metastatic services and their patients. • RCha highlighted that there is an intention to embed a GP within each of the TSSGs in due course. • CM believes there are gaps with regard to survivorship care and highlighted the need for this to be addressed.	
3	**Cancer Alliance / ICB Role**	• It was felt this item had been discussed sufficiently under other agenda items.	
4	**Introduction new role: K&M Macmillan Information & Support Lead**	**<u>Presentation provided by Evelyn Bateta</u>** • Macmillan's role is multifaceted, addressing not just the medical aspects of cancer, but also the psychological, social, financial, and practical challenges which come with the disease. Some of the services offered include: providing information and support, emotional and social support, financial assistance (benefits, transport), healthcare support, advocacy and campaigning, research, community engagement and legal advice.	

		• The role of the Macmillan Lead for Information Support in Kent & Medway (jointly funded by Macmillan and KMCA) is a pivotal position within Macmillan Cancer Support and the role primarily focuses on providing crucial information and support services to individuals affected by cancer in the Kent & Medway areas. EBa will be responsible for coordinating and overseeing a range of support services, ensuring patients and their families receive the necessary information and assistance during their cancer journey. Additionally, EBa's role plays a key part in liaising with healthcare professionals and community partners to enhance the delivery of these services. By working collaboratively, EBa aims to improve the overall experience and outcomes for cancer patients within this region. • EBa's specific duties will be: - Ensuring accurate, up-to-date information about cancer, treatments, side effects, and support services to patients and their families is available and is disseminated across the patch. She will be organising and managing support services, such as counselling, support groups, or financial advice, tailored to the needs of cancer patients and their families. - Ensuring she is a primary point of contact for patients and families, offering guidance and support throughout the cancer journey. EBa will be working closely with doctors, CNS', and other HCPs to ensure a coordinated approach to patient care while engaging with the local communities to raise awareness. She is, however, aware this will not be possible if training and educational resources to Macmillan's professionals and volunteers is not up to date so she will therefore ensure to encourage training to enhance their ability to support cancer patients effectively. - Developing and implementing programmes and initiatives to meet the evolving needs of cancer patients in the Kent & Medway area and this will be enhanced by gathering feedback from patients, families, and HCPs to continually improve the services and support provided. • The Kent & Medway area has a diverse population requiring tailored approaches to cancer care which account for different needs. There are disparities in cancer outcomes across different socio-economic groups and geographical areas within Kent & Medway therefore ensuring equal access to cancer support services across both urban and rural parts of the region will be challenging. Another challenge will be raising awareness about cancer prevention, early detection, and available support services and efficiently allocating resources to meet the high demand for cancer care support services while adopting to potential budgetary constraints. However, there is potential for strong community engagement and partnerships and also the existing opportunity to integrate cancer support more closely with other healthcare services, ensuring a more holistic approach to patient care. • EB aims to gather feedback from patients, families, and HCPs to continually adapt and improve services as well as enhance training programmes for staff and volunteers to equip them with the latest knowledge and skills in cancer care and support. • EBa will visit all Trusts as part of her role in order to establish relationships with key individuals. • EBa will undertake a scoping exercise in order to identify priority areas to take forward.	

		Macmillan Headlines – update provided by Sharon Middleton • SMi informed the group that her colleague Kate Regan has worked on developing the Palliative Care toolkit. • The Macmillan Buddies service remains in place for cancer patients. • Psychological support and chemotherapy outreach projects are being developed.	
5	**Clinical Pathways**	**Acute Oncology/Chemotherapy Ambulatory Pathway – presentation provided by Jennifer Jewell** • During the COVID period the compliance for door to needle time for antibiotic compliance dipped significantly. Prior to the pandemic, EKHUFT had a steady compliance at 100% for several years. • The pressure on the EDs became significant resulting in extended periods of time for all patients. Oncology patients had become extremely concerned and were reluctant to present to ED. • In terms of the EKHUFT team supporting their oncology patients: - SACT patients either calling into the units unwell or who are on the unit feeling unwell are reviewed by the AO team prior to a decision to admit to the chemotherapy units. - The sepsis pathway is initiated on the chemotherapy units and 1st line antibiotics given. - Each shift a designated AONP attends the huddles on the units to inform the staff they are their AONP for the day and provide their contact number to support when required. - A team of non-medical prescribers across the Trust are in place to support in-house symptom management. • JJ provided an overview of the AO/chemotherapy pathway. • In the first six months of introducing the AO team reviewing patients whilst in chemotherapy units they managed to prevent 71 admissions to A&E out of 112 patients referred to them. • In terms of reflecting on service provision: the neutropenic sepsis golden hour compliance improved to 100% across EKHUFT; patient experience improved and patients felt safer; there were reduced admissions to ED; there were improved relationships with chemotherapy units and the emergency departments; the team of non-medical prescribers across EKHUFT supported the process; the patient handheld antibiotic prescription was re-rolled out across the Trust; there is improved confidence of the chemotherapy teams when assessing unwell patients on the units; and ED training has been provided to raise the profile of the importance of managing suspected neutropenic sepsis correctly and raising awareness of the patient handheld antibiotic prescription. • With regard to Patient Held Prescription Positive practice: - Patients being treated with chemotherapy are at risk of neutropenic sepsis. Patients should be administered IV antibiotics within 60 minutes of arrival at EKHUFT if they present with suspected neutropenic sepsis. - The neutropenic sepsis patient held prescription provides authority for IV-competent RGNs to administer a stat dose of the specified antibiotics to patients with suspected neutropenic sepsis. - Patients with a haematological diagnosis are also at high risk of neutropenic sepsis and they will also present to ED with a patient handheld antibiotic prescription whether they are receiving SACT or not.	

- The patient held prescription was implemented to ensure patients on chemotherapy who present with symptoms of neutropenic sepsis are given IV antibiotics within one hour of arrival to EKHUFT. Patients are not always presenting to the ED and may be attending the chemotherapy units for assessment prior to their next treatment and the prescription will allow timely treatment.
- The oncologist/nurse specialist with the ability to prescribe will determine the most suitable antibiotic prescription for the patient following full assessment.
- The patient is advised to keep the prescription with them at all times and to present to ED or the chemotherapy unit if required.
- The prescription is valid for six months and will then require re-prescribing or an additional prescription if used.
- With regard to the nursing process for administration, there is a need to: confirm patient details are correct; re-confirm any recent allergies to ensure the patient has not had a recent allergy to any antibiotics; ensure stat dose of the correct antibiotic is administered, signed and scanned into the patient's timeline on Sunrise (as per drugs and therapeutic committee requirements); and ensure the AO team are aware of this patient ASAP.

• With regard to the process of approval, it was reviewed and approved by the: Microbiologist Stewardship Board pharmacy team, ED governance team, chemotherapy team, Patient Safety Board, Medicine Management Board, and the drugs and therapeutic committee.

• JJ presented the Neutropenic Sepsis poster which is located in the emergency departments.

<u>New Cancer Presentations – presentation provided by Megan Lumley</u>

• There was a total of 235 new presentations between 25.01.2023 and 25.10.2023 (104 at Tunbridge Wells Hospital and 131 at Maidstone Hospital) and one CUP patient was identified through this. There is a weekly meeting to discuss complicated MUO patients so this number does not reflect the hard work put in to these patients.

• ML outlined the benefits and challenges of having a New Cancer Presentation CNS.
Benefits include: taking pressure off of the rest of the AO team, having a set time to focus on supporting T1 patients, and being able to spend time educating and setting up pathways to support teams.
Challenges include: the AO teams having to take over the high caseload of patients when ML is on annual leave, the overlap/blurred lines relating to who is managing patients (i.e. should the Lung CNS teams manage patients with clear Lung Primary from imaging/should biopsy be confirmative before they do this?), and the need to work on addressing a pathway for exit points on NCP.

• ML provided the group with an overview of data on:

- The percentage of cases presenting as an emergency by different routes.
- Breast cancer emergency presentations. Emergency presentations for breast cancer have decreased in Kent & Medway over the last 10 years and are lower than the England average.
- Emergency presentations for lung cancer in Kent & Medway which are slightly lower than the England average in recent years.

		• ML provided the group with an overview of: - The KMCA MUO pathway. - The UKONS new cancer presentation guidelines, including information on: observations, full clinical history, examination, laboratory investigations, imaging and assessing suitability for ongoing investigations, further management, patterns of disease requiring urgent specific action and patterns of disease requiring specific action. • In terms of looking to the future, there are aims to: - Potentially develop a localised new cancer diagnostic pathway for HCPs in Maidstone and Tunbridge Wells Trust, incorporating a local MUO pathway. - Run clinics for complex MUO patients or for offering face-to-face appointments to deliver results to patients. There is a desire to try and avoid this being a Breaking Bad News clinic as patients should already know they are suspected to have cancer. - Work on a CUP MDT referral on Sunrise which has criteria outlined. - Establish nurse-led clinics for CUP patients incorporating HNAs. - Have six-monthly New Cancer Presentations/MUO/CUP meetings with AO teams in Kent & Medway (as was the case before). • TSB highlighted the importance of ML's role and praised her for her contributions to the service and in supporting fellow colleagues. • JJ believes it would be helpful to see and compare how MUO and CUP pathways evolve at each of the Trusts. • ML stated that the CUP MDT takes place on Wednesdays at 16:00.	
6	**Shared Learning and Good Practice**	**<u>Immunotherapy CNS within AOS – presentation provided by Jenny Weaver</u>** • JW's presentation provided the group with an overview of: - What immuno-oncology and immunotherapy is. - Immunotherapy's uses. - Immunotherapy utilisation at MTW since 2019. - Special considerations relating to ICI. - Why there was a need for an IO CNS (this new role has been funded by Macmillan for a period of two years). - How the IO CNS can effect positive change. • JW mentioned there are plans to implement an SDEC service next year. • JW confirmed she will be linking in with/joining the Kent & Medway Immunotherapy Working Group which has been established for relevant colleagues across the patch. **<u>NSS update - all Trusts</u>** **<u>DVH</u>**	

		• DVH had a total of 269 NSS referrals between October 2022 and September 2023. • The DVH NSS presentation provided the group with an overview of: - The number of cases a variety of GP practices referred in to the NSS service. - Data on pathway outcomes. - Data on the result of referrals. - The final diagnosis status following referral in to the service. - The types of cancers identified following diagnosis. - Data on non-malignant conditions diagnosed. • There are 1.5 CNS', a Lead Clinician, a GP and a Pathway Navigator supporting the NSS service. • There has been a 12% increase in referrals compared to the previous year. • The pick-up rate for cancer is 8.2%. **EKHUFT** • A Gastroenterology Consultant, who will be supporting the NSS service which has yet to go live, will be coming in to post later this year. **MFT** • The NSS service commenced in May 2023 and has functioned well. The service has received 119 referrals and identified 4 or 5 cancers. The team tend to receive anywhere between 4 to 8 referrals per week. • The quality/suitability of referrals from GPs is improving. • An alternative pathway is in place in order to conduct other investigations. • The MUO service is being developed across the Trust, especially in light of the fact that there appears to be a lack of knowledge/understanding of what MUO is and the service provision in place for it. • AK highlighted the need for there to be discussion and support going forward with regard to the fact that there is only a single CNS and a single Consultant supporting the NSS service from a clinical perspective and the problems which arise when these individuals go on leave. **MTW** • The NSS service went live on Monday and six patients have been reviewed so far. • A physician is supporting the service on a 1.5 PA basis. A GP is also supporting the NSS service on a 2.0 PA basis. • The service is also supported by a full-time registered nurse and two part-time Pathway Navigators.	
7	**NSS Update**	**Update provided by Chris Singleton** • At the last meeting, only one of the four Trusts were live with an NSS service – this has now changed to three of the four providers with the fourth (EKHUFT) now fully-staffed awaiting a go-live date. CS therefore paid thanks to all teams for their hard work on implementing and developing these valuable services.	

		• CS highlighted the need for NSS services to be fully commissioned through the ICB and he eagerly awaits any clarification the Planning Guidance may provide regarding this when it is published shortly. • **<u>Action</u>: MPay stated it would be helpful for DVH to provide some NSS service incidental findings data at the next meeting.**	**MPay/DVH NSS team**
8	**Leadership Strategic AOS Modelling: The Future of AOS**	**<u>Presentation provided by Tracey Spencer-Brown</u>** • TSB stated 50% of her current role is clinical and the other 50% strategic. She has now been in this post for a year. • TSB provided the members with an update in relation to how service provision, workforce and establishing quality data and pathways has evolved since the last meeting. Please refer to the circulated presentation for more details on this. • TSB provided the group with an overview of the highlights, main pressures and key developments/innovations/celebrations since the last meeting. She also discussed the support required from Trusts, the Alliance and Macmillan senior leadership teams. Please refer to the circulated presentation for more details on this. • Plans for the future include: establishing Kent & Medway-focused quarterly Lead Nurse Meetings; implementation of equity in the nursing structures from workforce mapping; the continued transition from an advisory service to an acute responsive service integrating medical emergency care models; incorporating increased specialism CNS roles with AOS-Immunotherapy and New Cancer Presentations Streamlined and Ambulatory Pathways; a standardised specialist AOS training programme; agreed local and Alliance AOS workplans; peer reviews across AOS Trust teams; a pilot Acute Oncology SDEC at MTW; a Kent & Medway Immunotherapy Education Network; complimentary CNS roles with AOS across Kent & Medway; Kent & Medway bi-annual training events; service improvement pilots on each site; a Kent & Medway CUP MDT; a pan-Kent Immunotherapy MDT; an immunotherapy dataset on InfoFlex; and collaboration with NSS teams and PCTs. • TSB mentioned workforce has evolved with nurse-specific roles now in place along with the incorporation of additional Band 4 and Band 7 positions. • Job descriptions have been standardised. • TSB highlighted that there is a gap with regard to immunotherapy data and this will be a focus area for the future. • TSB has undertaken scoping work for workplans and will take this forward with the Trust teams in due course. • TSB highlighted that the MSCC pathway has been a challenge with new guidelines published recently. These guidelines will be circulated out to the group for feedback. AK emphasised the need to have a clear pathway under medical supervision. • TSB informed the members that she has been appointed as Head of Nursing at MTW and although she will be relieving some of her current duties she will still be very much involved in this workstream and will continue her role as AO, CUP & NSS Forum TSSG Chair.	
9	**Genomics CUP Pathway**	**<u>Presentation provided by Afroditi Karathanasi</u>** • AK provided the group with a presentation on a case study involving an otherwise fit 49-year-old female patient with a performance status of 0 who complained of right chest wall pain in May 2023. She had a history of endometriosis and her mother had died from metastatic breast cancer.	

		• AK provided the group with a summary of the timeline of investigations the patient underwent (please refer to slides 3 and 4 on the circulated presentation for more details). • Whole Genome Sequencing (WGS) was organised for 09.08.2023. • Further pain management was attempted by nerve block/pain and the PCT team. • A new referral for palliative radiotherapy was declined due to resistance in pain control following the initial fraction in December 2022 and second line palliative chemotherapy with carboplatin–gemcitabine commenced. • The MRI whole spine showed widespread vertebral body metastasis with no vertebral collapse, cord or nerve root compression. The MRI pelvis showed left iliac bone anterior cortical breech and extension into the soft tissue and CT head showed brain metastasis. The patient was transferred to a hospice as end of life and died on 31.08.2023. Lung cancer was identified as the primary cancer. • The results from WGS were received on 18.10.2023. • The patient had 11 MDT discussions (involved teams include: lung, breast, upper GI, lower GI, CUP, medical and clinical oncologists, histopathology, molecular, interventional radiology, pharmacy, chemotherapy unit and Lawrence Ward) and CUP CNS', the chemotherapy unit and the PCT/pain team played the most important roles throughout the patient's care. • AK stated WGS has been approved for CUP patients but it is a time-consuming and long process which requires setting up a pathway to make this tool useful for treatment options. Dominic Chambers would be happy to help with this initially as long as there are not too many patients and AK believes it would be sensible to conduct an audit at some point in order to see how many patients would be suitable for WGS. • It is important the patient is informed and consented specifically for WGS and forms are sent to the molecular laboratory before or with the biopsy samples. • Patient information leaflets would need to be provided to the patient before or at the time of consent. • The referral form and test order will need to be sent to the molecular laboratory prior to the visit with the relevant clinical information and will be further completed by the laboratory team and sent along with the samples selected. • **Action**: **AK highlighted the need for a Kent & Medway-wide Genomics-CUP Pathway SOP and emphasised the importance of having buy-in for this from all four Trusts.**	**All Trusts**
10	**Toxicities of Interest**	**Presentation provided by Charlotte Moss** • Immunotherapy and antibody drug conjugates toxicities are now becoming more of an issue which is resulting in mortalities. There is therefore a real need to adequately manage the toxicities, made more challenging by the fact that there are challenges within oncology workforce at present. • CM stated a number of people who should be attending the KMCC SACT Group are not and patients are now dying. There is therefore a real need for oncologists and other key staff roles (such as Cancer Managers) to attend these meetings regarding toxicities. • There is also a need to improve communication/liaison between emergency departments, AOS teams and oncology colleagues. Junior staff education on toxicities also requires improvement.	

		• In summing up, CM encouraged the group to reach out to the oncologists regarding queries relating to toxicities, including new ones of interest, and requested that Trust colleagues pass this message on to their respective acute medical teams. • The ESMO guidelines are available for physicians to refer to on the KMCC website. • **Action: CM to share the RCP toolkit with the acute teams in order to help raise awareness of AO within both acute and ED physician teams.**	**CM**
11	**CNS Updates**	• This item was not discussed due to time constraints. **Action: CC to email the Trust CNS' in order to request an update which will then be shared with the group.**	**CC**
12	**Clinical Audit updates**	**K&M Cancer Performance data** • Due to time constraints, this item was unable to be discussed. However, the presentations/documentation pertaining to this agenda item were circulated on 30.11.2023 to the group for them to review. **K&M AOS Data, clinical activity** • Due to time constraints, this item was unable to be discussed. However, the presentations/documentation pertaining to this agenda item were circulated on 30.11.2023 to the group for them to review.	
13	**AOB**	**PPE** • The presentation pertaining to this agenda item was circulated to the group on 30.11.2023. **Fatigue Management** • The presentation/documentation pertaining to this agenda item was circulated to the group on 30.11.2023. **Research: Immune checkpoint inhibitors in patients with cancers of unknown primary** • This item was not discussed due to time constraints. **AOB** • DC stated MFT, who currently operate a six day AOS service, are looking forward to introducing a seven day service from Spring 2024.	
	Next Meeting	• Wednesday 15th May 2024 (PM)	