Kent and Medway Cancer Collaborative

Breast Tumour Site Specific Group meeting
Tuesday 8th November 2022
The Orchards Conference Centre, East Malling
09:00-12:00
Final Meeting Notes

Present	Initials	Title	Organisation
Seema Seetharam **(Chair)**	**SS**	Consultant Breast & Oncoplastic Surgeon & Clinical Lead for Breast Cancer Services	DVH
Pawel Trapszo	**PT**	Consultant Oncoplastic & Reconstructive Breast Surgeon	DVH
Olena Dotsenko	**OD**	Consultant Histopathologist	EKHUFT
Karen Glass **(Minutes)**	**KG**	Administration & Support Officer	KMCA & KMCC
Annette Wiltshire	**AW**	Service Improvement Lead	KMCC
Colin Chamberlain	**CCh**	Administration & Support Officer	KMCC
Elliot Page	**EP**	Pre-habilitation Instructor	K&M Pre-habilitation
Catherine Cooper	**CCo**	Macmillan Breast CNS	MFT
Emma Bourke	**EB**	Macmillan Personalised Care & Support Facilitator	MFT
Louise Black	**LBl**	Macmillan Metastatic Breast CNS	MFT
Jennifer Priaulx	**JP**	Macmillan Cancer Transformation Project Manager	MFT
Claudiu Simonca	**CS**	Consultant Breast Oncoplastic and Reconstructive Surgeon	MFT
Delilah Hassanally	**DH**	Consultant Oncoplastic Breast Surgeon	MFT
Catherine Harper-Wynne	**CHW**	Consultant Medical Oncologist	MTW
Jennifer Glendenning	**JG**	Consultant Clinical Oncologist	MTW
Russell Burcombe	**RB**	Consultant Clinical Oncologist	MTW
Julia Hall	**JHal**	Consultant Clinical Oncologist	MTW
Deepika Akolekar	**DA**	Consultant Breast & Oncoplastic Surgeon	MTW
Osama Soliman	**OS**	Specialist doctor in Clinical Oncology	MTW
Gemma McCormick	**GM**	Consultant Clinical Oncologist	MTW
Pamela Galton	**PG**	Macmillan Breast Reconstruction Nurse Specialist	QVH
Rebecca Spencer	**RS**	Macmillan Breast Reconstruction Nurse Specialist	QVH
Alex Molina	**AM**	Consultant Plastic Surgeon	QVH
Apologies			
Pippa Enticknap	**PE**	Senior Service Manager – CCHH Care Group	EKHUFT

Vanessa Potter	**VPo**	Macmillan Lead Breast CNS	EKHUFT
Anil Poddar	**AP**	Consultant General & Oncoplastic Breast Surgeon	EKHUFT
Sarah Barker	**SB**	Early Diagnosis Project Manager	KMCA
Claire Mallett	**CM**	Programme Lead – Personalised Care & Support	KMCA
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCC
Samantha Tomlin	**ST**	Breast Cancer Support Specialist Nurse	MFT
Rema Jyothirmayi	**RJ**	Consultant Clinical Oncologist	MTW
Claire Ryan	**CR**	Macmillan Nurse Consultant - Metastatic Breast Cancer	MTW
Jane Brown	**JB**	Consultant Clinical Oncologist	MTW
Ritchie Chalmers	**RC**	Consultant Breast & Oncoplastic Surgeon	MTW
Liz Shannon	**LSh**	Macmillan Primary Care Workforce Support	NHS Kent & Medway ICB
Christine Howarth	**CH**	Patient Representative	
Lin Douglas	**LD**	Patient Representative	
Liz Taffs	**LT**	Patient Representative	
Liz Simmons	**LSi**	Patient Representative	

Item		Discussion	Agreed	Action
1.	**TSSG Meeting**	**<u>Apologies</u>** • The apologies are listed above. **<u>Introductions</u>** • SS welcomed the attendees to the face to face meeting. If anyone attended the meeting but is not listed above please email **karen.glass3@nhs.net** directly. **<u>Action log Review</u>** • The action log was reviewed, updated and will be circulated together with the final minutes from today's meeting. **<u>Review previous draft minutes</u>**		

		• The draft minutes from the previous meeting which took place on the 26th April 2022 were reviewed at today's meeting and were signed off as a true and accurate record.		
2.	**How to improve oncoplastic provision across the region**	**<u>Presentation provided by Alex Molina</u>** • AM explained Ritchie Chalmers has sent her apologies for today's meeting but her slides on "Free Flap Reconstructions at QVH" could be forwarded to the group. • K&M have a population of 4.4 million and within the geography they perform on average 900 mastectomies per year. • There are 8 Reconstruction Surgeons at QVH and they are supported by 3 Breast Reconstruction Care Nurses (Pam, Rebecca and Lynne). Since 2014, they have 1800 patients on their database. There has been a yearly increase in the number of free flap reconstructions with 227 performed so far this year from 1st January to 1st September 2022. • Since 2011, QVH are proud of their reconstruction failure rate which stands at a 0.5% risk. • AM explained the process for patient selection is good and includes: i) BMI cut off is 35 ii) No nicotine iii) If radiotherapy is likely – do not choose iv) Year post radiotherapy DXT (for delay reconstruction) v) ASA 1 or 2 • The length of stay in hospital is one of the lowest in the country and is on average 3 nights for a free flap reconstruction. Younger patients stay on average is only 2 nights. • AM highlighted that their currently 62-day performance target is red. This can be attributed to the increased number of late referrals coming from MTW. AM also alluded to a shortage of Anaesthetists.		**AM and Ritchie's presentations were circulated to the group on the 11th November**

		• AM mentioned the Mastectomy Fellow Survey results together with 18 referral trusts and the results have been mixed. • QVH hope to employ an Oncoplastic TIG fellow – who has links to both Guildford and MTW.		
3.	**Molecular profiling to guide chemo**	**<u>Presentation provided by Jennifer Glendenning</u>** • JG highlighted the DG34 NICE Guidance – tumour profiling test to guide adjuvant chemotherapy decisions in early breast cancer. • The current situation in Kent & Medway: i) Point of testing variation between the MDM – most efficiently via pathology ii) Most MDMs test directed from MDM if eligible and no known barrier to chemo fitness ○ Streamlines patient pathway ○ Efficient use of first oncology clinic resource • JG provided an overview of molecular testing in N1-3 (ER+HER2 negative) patients, with a particular focus on the R x PONDER trial. • JG outlined the benefits of avoiding unnecessary chemotherapy from a financial, toxicity sparing and oncology/chemotherapy appointment resource perspective. • For N1-3 disease – ONCOTYPE has been implemented across Sussex since December 2021. In advance of NICE approval K&M Cancer Alliance have agreed to provide funding for all MDMs to have ONCOTYPE testing. • JG highlighted the oncological situation currently in K&M with regards to: i) Workforce shortage – locums do not tend to stay		**Presentation circulated to the group on the 11th November**

		ii) Consultant capacity loss in 2022 – EKHUFT - 6 clinics lost, MTW – 2 clinics, MFT - 2 clinics and DVH - 2 clinics lost. iii) National oncologist workforce shortage iv) There is a plea for more – Specialist Cancer Radiologists, Metastatic Oncologists, Metastatic CNS's, Pathologists and specialists from non-cancer disciplines (including endocrine, respiratory and cardiology). v) Additional help from the surgical teams vi) MDM Streamlining – need a metastatic MDM to be properly resourced – there would be no requirement for surgical or pathology input. • The Breast Radiotherapy Super-Clinic (for patients who do not require chemotherapy) went live on the 5th October at MTW and is open access for all across K&M – has 3 Consultants and 3 trainees. Informal feedback provided so far from the patients is that they are really impressed with the service. More formal feedback will be collated and circulated in due course. • Opportunities moving forward include: i) Safe treatment de-escalation ○ Testing from MDM ○ ONCOTYPE N1-3 post menopause ii) Modernising some elements of the service iii) Expanding / upskilling the AHP role ○ Surgical teams – build on good practice adjuvant endocrine (initiation / toxicity) per ABS guidance ○ Prescribing pharmacists / chemo nurses – Adjuvant Abemaciclib clinic to go live in EKHUFT at the end of 2022 ○ MDM streamlining. • CHW emphasised that the term "follow up" should no longer be used as there is no money available for follow ups and should only be available for those patients on active treatment. • RB stated post radiotherapy follow ups should be stopped and should be part of the		

		Stratified Pathway with the CNS's supporting.		
4.	**Performance**	**DVH – update provided by Seema Seetharam** • **Please refer to the circulated performance slide pack for an overview of the Trust's data.** • SS referred to the surge in screening – 8 patients per week compared to 3-4 normally. There is a radiology backlog. Harm reviews are taking place for those patients waiting over 104-days. • The Locum Consultant left DVH in June and there has been no other appropriate appointment to replace them. They are considering putting the role out as a permanent position. • SS alluded to the issues regarding Pathology no longer attending MDM's. **EKHUFT – no update was provided.** • **Please refer to the circulated performance slide pack for an overview of the Trust's data.** **MFT – update provided by Jennifer Priaulx** • **Please refer to the circulated performance slide pack for an overview of the Trust's data.** • JP highlighted the increased number of 2ww referrals. They are achieving the FDS 28-day standard and having the One Stop Service in place has helped. • They have appointed a navigator to help improve communications between the screening team and cancer services. **MTW – update provided by Deepika Akolekar** • **Please refer to the circulated performance slide pack for an overview of the Trust's data.**		**Performance presentations circulated to the group on the 11th November**

		• DA highlighted issues within the screening pathway which they are working on. Reference to patient compliance / choice which can also add additional delays. • CHW suggested patients diagnosed with cancer through the 28-day FDS should also be getting a good / fast service as these numbers can be skewed with patients who have been given the all clear. CHW added they need to concentrate on those patients diagnosed with cancer to ensure a faster service and also to separate out the two sets of figures.		
5.	**Prehabilition Pilot**	**<u>Update by Elliot Page</u>** • EP introduced himself as a pre-habilitation instructor working with Fiona Wu – surgical registrar. They have worked together on a 4-month pilot to implement early pre-habilitation for breast cancer patients. • Pre-habilitation is a progamme that addresses modifiable risk factors to improve post-operative outcomes. It is a multi-disciplinary programme that includes an exercise training programme, nutritional optimisation, counselling and smoking cessation. • The benefits of this programme for breast cancer patients includes: i) To optimize for breast reconstruction (stop smoking, weight management) ii) To lessen the side effects of chemotherapy (reduces treatment – related fatigue) iii) To reduce the risk of chronic diseases (improve diabetic HbA1c control) • Eligible patients: i) Referred to @Home prehab as a self-referral by the patient or by an HCP ii) Patients undergo a screening health assessment with a prehab specialist iii) A bespoke @Home prehab programme is developed based on the screening assessment • Patients participating in the pilot study will complete a questionnaire at the end of the		**Presentation circulated to the group on the 11th November**

		programme. Patients are offered the opportunity to go onto a "rehabilitation programme." • EP outlined the details of the pilot study in which 33 patients were invited to participate. 23 patients agreed to take part and 10 declined due to reasons including – work commitments, no interest or being overwhelmed by their diagnosis. A total of 12 patients completed the programme. • The average age of the patient within the pilot was 61, average BMI was 28, length of programme was 4 weeks and 5 of the patients were considered as completely sedentary. • EP provided an overview of the results of the telehealth usability questionnaire. • EP summarised the outcomes of the programme before and after the pilot (which ran for 4 months) as well as the patient feedback received. • Fiona Wu has agreed next steps will be to follow up with these patients. • EP mentioned they run virtual zoom exercise sessions which include – yoga, pilates, core mobility and strength sessions – Monday – Friday with also 1:1 session's available as required. • It was noted that the Prehab service visits the Kent Oncology Unit on the first and third Friday of every month. • EP provided the following contact details to refer into the service: www.kentandmedwayprehab.org contact@kmprehab.org – Twitter **Action – the group agreed there should be a link for the prehab website / referral process added**		**SS / AW**

		into the POC document.		
6.	**CNS Updates**	**<u>EKHUFT update</u>** • No update provided (VP sent her apologies). **<u>MFT update</u>** • Will lose a Band 7, interviewing this week for a replacement, however this will have an impact on their capacity for a while. • HNA's are up to date. • Have lost a Metastatic Breast CNS - carrying a gap and hope to have a replacement in January 2023. **<u>QVH update</u>** • Have 3 CNS's now in post which has made a difference. • Increasing number of immediate reconstructions to be carried out. **<u>DVH update</u>** • Interviewing for a Band 7 CNS on the 18th November. Will effectively be 2 CNS posts – 1 – Endocrine and 1 Breast/Endocrine. • Open Access follow up is well established. • Increased number of HNA's undertaken. • There has been positive feedback from both patients and staff regarding the pre-habilitation service. **<u>MTW update</u>** • No update provided.		

		Action – JG suggested setting up an evening educational session in January 2023 for the CNS's and Support Workers to discuss endocrine and genomic profiling. SS agreed to find a sponsor willing to support this educational event.		**JG / SS**
7.	**Treatment Summaries**	**<u>Update by Seema Seetharam</u>** • The Treatment Summary is a document summarising the patient's treatment which is shared with the GP and patient. The TS will in due course replace the discharge summary. All patients will be made aware of any red flag symptoms to empower them to get back in touch. • A treatment summary includes: i) Diagnosis ii) Treatment Aim iii) Summary of treatment and dates iv) Side effects v) Alert symptoms vi) Ongoing Secondary Care treatment vii) GP/Primary Care actions viii) Summary of information given to patient ix) Referrals made x) Cancer team contact details • CHW mentioned 98% of all oncology complaints are due to the lack of communication and they need to be able to put the responsibility back onto patients to manage their care, appointments and symptoms. • There was a general consensus that there were not the resources in place to take this forward. **Action – To invite Claire Mallett to the next Breast TSSG meeting to show how the Treatment Summary document works live on InfoFlex.**		**Presentation circulated to the group on the 11th November** **CM / AW**

8.	**Clinical Pathway Discussion**	**<u>Pathway of Care update – provided by Seema Seetharam</u>** • SS made a number of changes to the Pathway of Care document in discussion with the group at today's meeting. These changes were saved by KG and the updated version was sent to SS during the meeting. • SS agreed to update the document based on the discussions at the meeting. **Action - CHW agreed to confirm the regional leads as Nicky Dineen radiology lead has now left the trust.** • JG suggested further discussion was required regarding the ABS document and nodal radiotherapy for young patients. The group agreed there should be no pre-Chemo for Sentinel Node Biopsies. • CHW highlighted the national shortage of Oncologists which is of major concern in caring for their patients. This is not just a local issue and is of national concern.		**CHW**
9.	**Research update**	**<u>Update provided by Catherine Harper- Wynne</u>** • CHW explained that workforce shortages have been a real problem and consequently studies have not been able to open. • A Metastatic Research Clinic is due to be set up and will be based at MTW – including a small number of trials. • POETIC-A is a good study and is taking place at MTW. **Action - CHW agreed to circulate details of this trial and added that MTW are unable to take cross referrals.** • DVH are considering taking part in the EndoNet trial. • CHW encouraged trusts to fulfill the guidance and sign off on the EMBRaCE multi-cohort		**Research presentation was circulated on the 11th November on behalf of Helen Graham**

		trial.		
10.	**Clinical Audit update**	• No clinical audit was presented at today's meeting.		
11.	**Cancer Alliance update**	• **Please refer to the presentation circulated for an update on the Cancer Alliance and specific Kent & Medway projects.**		**Presentation circulated to the group on the 11th November**
12.	**AOB**	• RB mentioned there have been a number of radiotherapy developments – not able to access. SS confirmed that Pathologists at MTW will no longer be attending MDT's. However, reports will be provided and they will be available to call during the MDT as required. SS was extremely concerned and stated there have been no discussions or agreement to this. There is a shortage of Radiology Consultants and they are utilising their time to provide timely cancer reports. • Benign cases are not discussed at the MDT. The MDT should be used to discuss the B3 and above cases and also complex patients more thoroughly. • CHW suggested a SOP was put in place for future pathology discussions. **Action - OD asked if there could be a discussion at the next meeting on the MDM and Pathology issues.** • SS asked prior to the next meeting if there were any future topics the group would like to discuss to contact SS, AW or KG directly.		**SS / AW**

		• SS thanked the group for their attendance and contribution at today's meeting which she felt went very well as a face to face meeting.		
13.	**Next Meeting Date**	• **Tuesday 23rd May 2023 – 09:30 – 12:30 – face to face**		**KG has circulated the meeting invites**