Kent & Medway Cancer Collaborative

Head & Neck Tumour Site Specific Group meeting Thursday 7th March 2024 Orida Hotel - Maidstone 13:30-16:30
Final Meeting Notes

Present	Initials	Title	Organisation
Nic Goodger (Chair)	**NG**	Consultant Maxillofacial Surgeon	EKHUFT
Ali Al-Lami	**AAL**	Consultant ENT / Head & Neck Surgeon	EKHUFT
Robert Hone	**RH**	Head & Neck Otolaryngology Consultant	EKHUFT
Eranga Nissanka-Jayasuriya	**ENJ**	Consultant Head and Neck Histopathologist	EKHUFT
Vikram Dhar	**VD**	Consultant ENT and Head & Neck Surgeon	EKHUFT
Sue Honour	**SHo**	Macmillan Lead Head & Neck and Thyroid CNS	EKHUFT
Stergios Doumas	**SDo**	Consultant in Oral & Maxillofacial Surgery	EKHUFT
Elizabeth Diamond	**ED**	Oncology Dietitian	Kent Community Health NHS Foundation Trust
Jonathan Bryant	**JB**	Primary Care Cancer Clinical Lead	KMCA
Colin Chamberlain (Notes)	**CC**	Administration & Support Officer	KMCC
Karen Glass	**KG**	Administration & Support Officer	KMCC/KMCA
Debbie Hannant	**DH**	Macmillan Lead Head & Neck CNS (MFT & DVH)	MFT
Lorraine McManus	**LM**	Cancer Navigator	MFT
Sue Wildish	**SW**	Clinical Support Worker	MFT
Amy Cass	**AC**	MDT Coordinator	MFT
Suzanne Bodkin	**SBo**	Cancer Service Manager	MFT
Emma Bourke	**EB**	Macmillan Personalised Care and Support Facilitator	MFT
Louise Black	**LB**	Deputy Lead Cancer Nurse	MFT
Kannon Nathan	**KN**	Consultant Clinical Oncologist	MTW
Nav Upile	**NU**	Consultant Otolaryngologist Head & Neck Surgeon	QVH
Dariush Nikkhah	**DN**	Consultant Plastic and Reconstructive Surgeon	Royal Free London NHS Foundation Trust
Michael Topf (Microsoft Teams)	**MTo**	Assistant Professor, Otolaryngology-Head and Neck Surgery	Vanderbilt University
Apologies			
Sarah Haslam	**SHa**	Registered Dental Nurse and Oral Health Practitioner / Mouth Care Specialist Nurse	DVH
Tamsin Sharp	**TS**	Macmillan Highly Specialist Speech and Language Therapist	DVH
Alistair Balfour	**AB**	Consultant ENT, Head & Neck and Thyroid Surgeon	EKHUFT
Claire Forsyth	**CF**	Macmillan Speech & Language Therapy Support Worker	EKHUFT
Sue Drakeley	**SDr**	Senior Research Nurse	EKHUFT

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Samantha Mitchell	**SM**	Maxillofacial Unit Operations Manager	EKHUFT
Pippa Enticknap	**PE**	Senior Service Manager	EKHUFT
Sarah Stevens	**SS**	Macmillan Speech & Language Therapist	EKHUFT
Nicola Chaston	**NC**	Consultant Cellular Pathologist and Associate Medical Director for Diagnostics	EKHUFT
Khari Lewis	**KL**	Consultant Oral & Maxillofacial Surgeon	EKHUFT
Serena Gilbert	**SG**	Cancer Performance Manager	KMCA
Annette Wiltshire	**AWi**	Service Improvement Lead	KMCC
Kitty Peploe	**KP**	Highly Specialist Speech & Language Therapist	Medway Community Healthcare
Yin-Kiu Lam	**YKL**	Macmillan Speech and Language Therapist	Medway Community Healthcare
Debbie Owen	**DO**	Macmillan Lead Head & Neck CNS (MFT & DVH)	MFT
Jeremy Davis	**JD**	Consultant ENT Surgeon	MFT
Thomas Esler	**TE**	Cancer Patient Navigator	MFT
Penny Ashby	**PA**	Cancer Operational Coordinator and Team Lead for Urology and ENT	MFT
Alison Watkins	**AWa**	Faster Diagnosis Team Leader	MTW
Jennifer Turner	**JT**	Consultant Clinical Oncologist	MTW
Maria Blanco-Criado	**MBC**	Deputy Chief Pharmacist - Cancer & Technical Services	MTW
Milena Truchan	**MTr**	Head & Neck CNS	MTW
Natalie Ryan	**NR**	Consultant Radiologist	MTW
Helen Graham	**HG**	Research Delivery Manager (Cancer)	NIHR
Aakshay Gulati	**AG**	Consultant Oral & Maxillofacial Surgeon	QVH
Laurence Newman	**LN**	Consultant Maxillofacial and Head & Neck Surgeon	QVH
Paul Norris	**PN**	Consultant Maxillofacial Surgeon	QVH
Brian Bisase	**BB**	Consultant Maxillofacial Surgeon	QVH
Samantha Briggs	**SBr**	Principal Speech and Language Therapist/Speech and Language Therapy Team Lead	QVH

Item		Discussion	Action
1	**TSSG Meeting**	**<u>Apologies</u>** • The apologies are listed above. **<u>Introductions</u>** • NG welcomed the members to the meeting. **<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.	

		Review previous minutes • The final minutes from the previous meeting were reviewed and agreed as a true and accurate record.	
2	**An update on 5th WHO H&N tumour classification 2022**	**Presentation provided by Eranga Nissanka-Jayasuriya** • ENJ provided the group with an update in relation to: - Some important changes with regard to the nasal and salivary glands. There have been three new nasal entities added as reflected in the guidance. - DEK::AFF2 SCC. - Differential diagnoses. - Optimal treatment chemoradiotherapy together with surgery. - Sinonasal Undifferentiated Carcinoma (SNUC). - Biphenotypic Sinonasal Sarcoma (BSNS). - An added low grade to nasopharyngeal tumours. - The oral cavity where there have been no new entities added. - Proliferative Verrucous Leukoplakia. - Oral SCC and Carcinoma Cuniculatum. - The difficulties in diagnosing low grade dysplasia. - Salivary gland tumours (new entities have been added including Microsecretory Carcinoma, Mucinous Adenocarcinoma and Sclerosing Microcystic Adenocarcinoma). • In summarising, ENJ highlighted that she had outlined as part of her presentation today seven new entities and if the members have any queries they are asked to contact her directly.	
3	**Research**	**Trials updates – presentation provided by Stergios Doumas** • Across KSS: - 21 participants were recruited to PETNECK-2. - 17 participants were recruited to PATHOS. - 1 participant was recruited to RAPTOR. - 3 participants were recruited to HoT. - 2 participants were recruited to SOLAR. - 2 participants were recruited to Modi-1. • It was highlighted there needs to be overarching CRN support with regard to overcoming the logistical challenges associated with setting up research studies. • SDo thanked colleagues for their help in supporting these studies and to NG for helping to secure the funding SDo had received to date. • NG thanked SDo for his work and stated that the Research Lead role is key to the TSSG. **Trans-Oral Robotic Surgery outcomes - presentation provided by Ali Al-Lami** • With regard to providing a background to PATHOS:	

		- It is a prospective, international, multi-centre, randomised controlled trial and is a phase III trial. - It is intended for patients with T1-T3, N0-N2b SCC of the oropharynx. • The objectives are: 1 - functional swallowing outcomes of de-intensified adjuvant treatment. • 2 - to demonstrate non-inferiority of de-intensification of adjuvant treatment in terms of overall survival. • The primary outcome measures are MDADI/overall survival at 24 months. • Secondary outcome measures include: qualitative and quantitative swallowing assessment, QoL, acute and late toxicity, DFS, locoregional control and distant mets. • AAL provided the group with an overview of the PATHOS trial arms and proceeded to display a video on hypopharyngeal tumour excision. • With regard to TORS operations at EKHUFT, there have been: - 61 TORS operations (51 of which have been for cancer patients). - 17 intention to treat PATHOS patients (4 dropped out due to pathology/patient choice reasons leaving 13 PATHOS patients fully enrolled). • Of these patients, AAL provided an overview of: - Patient characteristics. - Follow-up data. - Pathology. - Treatment modality. - Oncological outcomes. - PATHOS Patients and robotic surgery outcomes – MDADI. - PATHOS Patients and robotic surgery outcomes – WST. - PATHOS Patients and robotic surgery outcomes – QoL. • In summarising: - EKHUFT outcomes are comparable to published literature. - Patients who do better are single modality treatment or de-intensified PORT. - Neck dissection allows for more accurate staging of the disease. - There is ongoing PATHOS recruitment. - Patients tend to recover quicker from surgery compared to radiotherapy.	
4	**Guest Speaker**	**<u>Virtual 3D Specimen Mapping in Head & Neck Cancer Surgery – presentation provided by Dr Michael Topf</u>** • MTo provided the group with a presentation detailing challenges in the head and neck pathway, particularly in relation to: - Anatomic complexity. - Variation in labelling. - Margin relocation. - Final reporting. - Multidisciplinary communication. • MTo provided a summary of:	

		- Virtual 3D specimen mapping in head and neck oncologic surgery. - The critical evaluation of frozen section margins in head and neck cancer resections. - Augmented reality surgery. - AR-guided frozen section analysis. • MTo mentioned that he is looking at the impact of 3D specimen maps on adjuvant radiotherapy planning. • MTo outlined the need to prove the technology improves patient outcomes (there is currently no data to support this). MTo also added that the technology's hardware requires improvement before this can potentially become a widespread practice. • The team have developed a protocol for 3D mapping and it takes seven to eight minutes to obtain the data. This is used as a standard protocol on a daily basis within his team. • Scanning generally works better in a dark room. • CAD software is utilised to annotate the 3D models. • MTo highlighted the differences between augmented reality surgery and virtual reality. • The Diagnostic Laboratory Services are set for relocation expansion.	
5	**Guest Speaker**	**Microsurgical nasal reconstruction – presentation provided by Mr Dariush Nikkhah** • DN highlighted that the Royal Free Hospital is merged with Mount Vernon Hospital. The Trust has 19 Consultant Plastic Surgeons, 30 trainees and they are the tertiary referral centre for plastic surgery in London. • The organisation covers a full spectrum of plastic surgery (although they have been undertaking fewer facial and hand surgeries recently). • DN provided the group with an overview of: - The principles of nasal reconstruction. - The local flaps vs free flaps approach. - Radial forearm flap advantages. - The management of the donor site. - Case scenarios. • DN believes nasolabial flap is of more benefit for small defects. • With regard to important principles for nasal reconstruction, these include: - A robust inner lining. - The framework (cartilage). - External lining. - Aesthetics. - Function. • Topics to consider regarding surgery include the: - Subunit. - Staged approach (Menick/Burget) - Microsurgical reconstruction (Walton). • Before approaching a case, DN discusses the matter in the Facial Plastics MDT which includes representation from	

		a Psychologist, a Plastic Surgeon, an ENT Surgeon, a Maxillofacial Surgeon and a Skin Cancer CNS. • DN outlined the advantages of RFFF. • Prior to surgery, DN formulates an operative plan detailing the nature of what he is intending to do on a photograph of the patient. • With regard to key takeaway messages, DN highlighted that: - Managing patient expectations is vital. - Planning is crucial. - Patient psychology is very important. - RFFF is an excellent and safe option for the inner lining.	
6	**H&N performance data**	• This item was not discussed.	
7	**Clinical Audit updates**	• **Action: AAL highlighted the need for there to be further discussion around commencing audits as a network and he will therefore contact colleagues across the patch to discuss further.**	**AAL**
8	**CNS updates**	**EKHUFT – update provided by Sue Honour** • The Head & Neck CNS team has expanded since the last meeting with a Band 6 now in place as well as an additional CSW. • Following a patient event, a patient checklist was formulated outlining which investigations a patient will have. • A new head and neck support group is in place. **MFT – update provided by Debbie Hannant** • A Thyroid CSW has joined the team thanks to KMCA funding. This CSW will also support head and neck patients. • There has been a positive response from the support group to date. **MTW** • No MTW CNS' attended today's meeting so an update was not provided. **QVH** • No QVH CNS' attended today's meeting so an update was not provided.	
9	**AOB**	• No-one had anything to raise under any other business.	
	Next Meeting	• To be confirmed.	