

Head & Neck Tumour Site Specific Group meeting
Friday 31st March 2023
Great Danes (Mercure) Hotel - Maidstone
13:00-16:30

Final Meeting Notes

Present	Initials	Title	Organisation
David Tighe (Deputy Chair)	DT	Consultant Oral & Maxillofacial Surgeon	EKHUFT
Robert Hone (Chair for part of the meeting)	RHone	Head & Neck Otolaryngology Consultant	EKHUFT
Nicola Chaston	NC	Consultant Cellular Pathologist	EKHUFT
Chris Theokli	CT	Consultant ENT / Head & Neck Surgeon	EKHUFT
Sue Honour	SHon	Macmillan Lead Head & Neck and Thyroid CNS	EKHUFT
Anna Brown	ABr	Head & Neck and Thyroid Cancer Support Worker	EKHUFT
Raghuram Boyapati	RB	Consultant Oral, Maxillofacial and Head & Neck Surgeon	EKHUFT
Jeremy McKenzie	JM	Consultant Head & Neck and Maxillofacial Surgeon	EKHUFT
Stergios Doumas	SDo	Consultant in Oral & Maxillofacial Surgery	EKHUFT
Hannah Brown	HB	Pathway Navigator	EKHUFT
Eranga Nissanka-Jayasuriya	ENJ	Consultant Head and Neck Histopathologist	EKHUFT
Sarah Stevens	SS	Macmillan Speech & Language Therapist	EKHUFT
Colin Chamberlain (Notes)	CC	Administration & Support Officer	KMCC
Karen Glass	KG	Administration & Support Officer	KMCC
Annette Wiltshire	AW	Service Improvement Lead	KMCC
Suzanne Bodkin	SBo	Cancer Service Manager	MFT
Debbie Hannant	DH	Macmillan Lead Head & Neck CNS	MFT
Emma Bourke	EBo	Macmillan Personalised Care and Support Facilitator	MFT
Evelyn Bates	EBa	Macmillan Head & Neck CNS	MTW
Anthi Zeniou	AZ	Consultant Clinical Oncologist	MTW
Kannon Nathan	KN	Consultant Clinical Oncologist	MTW
Milena Truchan	MT	Head & Neck CNS	MTW
Rahul Misra	RM	Consultant Clinical Oncologist	MTW
Jennifer Turner	JT	Consultant Clinical Oncologist	MTW
Navdeep Upile	NU	Consultant Otolaryngologist Head & Neck Surgeon	QVH
Brian Bisase	BB	Consultant Maxillofacial Surgeon	QVH
Claire Lancaster	CL	Head & Neck CNS	QVH
Bincey Joseph	BJ	Head & Neck CNS	QVH
Samantha Briggs	SBr	Principal Speech and Language Therapist / Speech and Language Therapy Team Lead	QVH

Michelle Dubber	MD	Macmillan Head & Neck CNS	QVH
Apologies			
Sarah Haslam	SHa	Registered Dental Nurse and Oral Health Practitioner / Mouth Care Specialist Nurse	DVH
Abbi Smith	AS	Macmillan Head & Neck and Thyroid CNS	EKHUFT
Alistair Balfour	ABa	Consultant ENT, Head & Neck and Thyroid Surgeon	EKHUFT
Lakshmi Rasaratnam	LR	Consultant in Restorative Dentistry	EKHUFT
Nic Goodger (Chair)	NG	Consultant Maxillofacial Surgeon	EKHUFT
Pippa Enticknap	PE	Senior Service Manager (CCHH Care Group)	EKHUFT
Sandra Holness	SHol	Cancer Pathway Tracker Coordinator	EKHUFT
Sue Drakeley	SDr	Oncology (Solid Tumour) Research Team Leader	EKHUFT
Karen Robinson	KR	Clinical Research Practitioner	EKHUFT
Laura Kehoe	LK	Administration Assistant	EKHUFT
Jessica Zubek	JZ	Head & Neck Oncology Dietician	KCHFT
Lydia Capon	LC	Oncology Dietitian	KCHFT
Serena Gilbert	SG	Cancer Performance Manager	KMCA
Cathy Finnis	CF	Programme Lead – Early Diagnosis	KMCA
Yin Kiu Lam	YKL	Macmillan Speech and Language Therapist	Medway Community Healthcare
Deborah Owen	DO	Macmillan Lead Head & Neck CNS	MFT
Jeremy Davis	JD	Consultant ENT Surgeon	MFT
Joanne Patterson	JP	Lead Clinical Trials Pharmacist	MTW
Summer Herron	SHe	General Manager – Cancer Performance	MTW
Natalie Ryan	NR	Consultant Radiologist	MTW
Ruth Casey	RC	Macmillan Head & Neck CNS	MTW
Helen Vaughan	HV	Specialist Speech & Language Therapist	MTW
Rachael Hopson	RHop	Macmillan Head & Neck Specialist Radiographer	MTW
Nadine Caton	NCa		MTW
Ann Courtness	AC	Macmillan Primary Care Nurse Facilitator	NHS Kent & Medway ICB
Helen Graham	HG	Research Delivery Manager (Cancer)	NIHR
Elizabeth Moore	EM	Senior Clinical Dietitian	QVH
Loz Newman	LN	Consultant Maxillofacial and Head & Neck Surgeon	QVH
Anwer Abdullakutty	AA	Consultant – OMFS	QVH
Aakshay Gulati	AG	Consultant Oral & Maxillofacial Surgeon	QVH

Item	Discussion	Action
1 TSSG Meeting	<u>Apologies</u> <ul style="list-style-type: none"> The apologies are listed above. 	

		<p><u>Introductions</u></p> <ul style="list-style-type: none"> • DT, who as Deputy Chair initially chaired today's meeting in NG's absence, welcomed the members to the meeting and asked them to introduce themselves. • Due to DT having to leave the meeting early, RHone resumed the chairing 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. <p><u>Review previous Minutes</u></p> <ul style="list-style-type: none"> • The previous minutes were reviewed and agreed as a true and accurate record. 	
2	Research	<p><u>New Research Lead</u></p> <ul style="list-style-type: none"> • SDo was announced as the new Research Lead for the Head & Neck TSSG taking over from Claire Rodd. <p><u>PETNECK2</u></p> <ul style="list-style-type: none"> • This item was not discussed by SDo. <p><u>QOMS in Head & Neck Cancer 1st annual report – presentation provided by David Tighe</u></p> <ul style="list-style-type: none"> • The QOMS inaugural report for 2021/22 is available via the following link: https://www.baoms.org.uk/professionals/qoms_reports.aspx • QOMS is the quality improvement and clinical effectiveness programme for oral and maxillofacial surgery and aims to measure the quality of care of patients presenting and treated by OMFS surgeons in the UK in the form of an audit. • QOMS includes a series of registries for the following 6 OMFS subspecialties: oral and dentoalveolar surgery (ODA), maxillofacial trauma, orthognathic surgery, oncology, reconstruction, and non-melanoma skin cancers. • DT provided an overview of the audit set-up. The quality of care metrics are decided by OMFS surgeons after consultation indicative of OMFS activity and potentially actionable by clinical teams. • Questionnaires are developed by OMFS surgeons to be able to calculate metrics and, where possible, collect variables for risk adjustment. • Participation in the audit is voluntary and is open to all UK NHS OMFS departments. • A BAOMS-funded pilot scheme for 10 units to appoint data coordinators to manage data collection locally has been provided. • A strong clinical lead, advocate and collective departmental support is essential to the audit and national rollout commenced in summer 2021. • The inaugural report presents data collected in the first year of national roll-out and checks and ensures data quality and completeness are of sufficiently high-standard to report treatment outcomes. It aims to utilise data to inform and facilitate quality improvement and report early hospital level outcomes. • DT provided an overview of the BAOMS-funded departments and contributors to the inaugural report. 	

- The QOMS Oncology and Reconstruction registry can be judged a cautious success (1160 records from 13 hospitals was collected with an overall data completion level of 56%). Data quality is acceptable (>95%) throughout most fields with some exceptions (incomplete data in method of flap monitoring (26%) and adjuvant treatment (40%)). A complication rate of 40% is close to previously published benchmarking papers. The positive margin rate was 14% with a predicted positive margin rate of 11% after risk adjustment.
- The total number of cases as of March 2023 is 1570 with complications data missing from 185 cases. Of the total of 579 complications reported (in 503 people): 38% needed to return to theatre, 12% required ITU care and 0.5% died within 30 days.
- Delay to adjuvant treatment was frequent, with only 12% making the 42 day target.
- The average length of stay for patients who had head and neck reconstruction was 20 days and the predicted average length of stay after risk-adjustment was 10 days.
- The aggregate frequency of extended length of stay >50days was 2% in this phase of the national audit.
- The overall flap success rate for the dataset was 96%.
- 95% of patients were discharged back to their residence.
- Current and future works (years 2 and 3) include:
 - Validation of risk adjustment models. Case ascertainment validation with NCIP.
 - Developing further live dashboards to support e.g. M&M audits.
 - Engagement sessions with BAOMS members.
 - Supporting the development of new risk adjustment models for other metrics and OMFS subspecialties.
- Upcoming new registries include:
 - Multidisciplinary registries for rare OMF diseases: salivary and benign jaw tumours.
 - A registry for patient specific mandibular osteosynthesis plates.
 - A BAOMS BOS Orthognathic Surgery questionnaire – PROMS.

Health Equality update – presentation provided by David Tighe

- The KMCA was provided with £16k to undertake a regional Health Equity audit with a special focus on head and neck cancer including (facial) skin cancers.
- The aim of the audit is to apply machine learning techniques to a dataset of regional diagnoses of head and neck squamous cell cancer and facial non-melanoma skin cancer.
- The objective of the audit is to identify high risk communities where stage of presentation and access to hospital services is affected by socio-economic factors.
- The completion of the audit is planned for September 2023.
- The audit has a focus on collecting the following data:
 - The 2018-2023 time period.
 - The ICD-10 diagnosis of head and neck SCC including TNM stage and subsite of disease.
 - Patient demographics including age and gender.
 - Patient lifestyle habits including smoking status and alcohol intake.
 - Patients' socio-economic status including IMD score, IMD decile, employment rank and education rank.
 - Geographic factors including the distance from a patient's home to hospital as well as non-attendance data.

		<ul style="list-style-type: none"> • Action: Data pertaining to this audit to be presented at the next meeting. <p>Research updates</p> <ul style="list-style-type: none"> • No update provided. 	DT
3	<p>Updates in Head & Neck Oncology</p>	<p>Presentation provided by Rahul Misra</p> <ul style="list-style-type: none"> • RM's presentation provided an overview of: <ul style="list-style-type: none"> - IMRT volumes. - Changes in volumes pertaining to IMRT. - Immunotherapy. - Future plans. - Reirradiation. - Protons. - The past and present uses of radiation in relation to the nasopharynx, oropharynx, oral cavity and larynx. - The anatomical boundaries of the nasopharynx inclusive of the upper boundary, lower boundary, posterior boundary, anterior boundary and lateral boundary. - Dose fractionation. • With regard to reirradiation: <ul style="list-style-type: none"> - In earlier days it was considered impossible but can now be considered in selected cases because of IMRT and CT-based planning with a record of doses already delivered. - It may be used if at least a period of 2 years has passed post-radiation and the spinal cord doses can be kept within the normal range in the plan sum. - Recent research suggests the spinal cord may recover at the rate of 15% every 6 months post-radiation. - One must be judicious in recruiting cases for reirradiation. • Newer consensus guidelines: <ul style="list-style-type: none"> - Lay stress on dose painting thus giving different doses of radiation to areas with different risk. - Recommends contouring the GTV and then giving a 5mm margin around it for the CTV high risk; a 1cm margin around it for CTV intermediate risk. - Recommends including the prophylactic nodes in CTV low risk. These changes will reduce toxicities as the area receiving high dose will markedly reduce. • RM stated immunotherapy uses the body's own immunity to fight against cancer. • RM provided an overview of the mechanism of action of checkpoint inhibitors. • RM also outlined common immunotherapy-related adverse reactions, particularly in relation to the endocrine system, liver, skin, respiratory system and gastrointestinal system. • RM provided a summary of the KEYNOTE-048 and CheckMate-141 studies. • Several trials are being planned to club immunotherapy with radiation as radiation is known to increase the immunological response of the body at the site of treatment. Some trials are being designed to consider use of neoadjuvant immunotherapy followed by radiation. • RM outlined the indications for proton therapy in head and neck cancer. There is an ongoing trial in the UK comparing IMRT versus IMPT in other head and neck cancers. 	

4	<p>Head & Neck Performance update - East Kent & West Kent</p>	<ul style="list-style-type: none"> • RM stated quality checks are made prior to a patient commencing treatment. <p><u>Head & Neck Performance update – East Kent & West Kent</u></p> <ul style="list-style-type: none"> • Please refer to the presentation slide pack circulated on 11.04.2023 for an overview of the data in relation to head and neck performance for East Kent and West Kent. • Head and neck performance for the 62d standard has fallen over the past year in both East Kent and West Kent. - From an East Kent perspective, SHon stated that the reasons for this include issues with diagnostics (particularly ultrasounds), patient choice and complex cases. Socioeconomic issues have also had an impact, particularly with regard to patients travelling for appointments and late DNAs. - From a West Kent perspective, DH mentioned there are also problems with diagnostics such as ultrasounds as well as issues with core biopsies taking 3-4 weeks. • It was highlighted there appears to be some issues with regard to the accuracy of some of the data presented for West Kent. This will be followed-up with David Osborne (Data Analyst – KMCA) accordingly. <p><u>EKHUFT - presentation provided by Sue Honour</u></p> <ul style="list-style-type: none"> • Please refer to the presentation slide pack for an overview of the Trust’s data. <p><u>MFT - presentation provided by Suzanne Bodkin</u></p> <ul style="list-style-type: none"> • Please refer to the presentation slide pack for an overview of the Trust’s data. <p><u>MTW – no update provided</u></p> <ul style="list-style-type: none"> • Please refer to the presentation slide pack for an overview of the Trust’s data. <p><u>QVH - presentation provided by Brian Bisase</u></p> <ul style="list-style-type: none"> • Please refer to the presentation slide pack for an overview of the Trust’s data. 	
5	<p>Suction Units – What process is in place?</p>	<p><u>Update provided by Chris Singleton</u></p> <ul style="list-style-type: none"> • The below information has been brought together to support the ordering of suction units required for head and neck cancer patients and the related consumables. This briefing has been developed with input from NHS Kent & Medway ICB leads for community equipment, and with the ICB Medicines Optimisation leads who are responsible for the consumables element. It is hoped summarising the processes will support CNS colleagues when ordering these vital pieces of equipment. • Unfortunately, at the current time, there are different ordering processes in place across the Kent & Medway localities. Work remains ongoing to try to harmonise these processes and to improve those which have been shown not to work as effectively as they would wish. KMCA continues to highlight to ICB leads the problems currently being faced with equipment and consumable ordering and the input from TSSG members has been invaluable in raising awareness of the challenges being faced. • Further senior-level ICB discussions are due to take place in the coming weeks supported by KMCA representatives, with the aim to achieve final resolution to these issues. • For all Kent patients, the suction units can be ordered via the NRS system. All Trusts have nominated leads able to order these items and managers can request individual staff have access to order equipment from the NRS 	

		<p>Integrated Community Equipment Service (ICES) catalogue. For any queries on how to be set up on the NRS system, please contact Kmicb.ices@nhs.net. The Trusts can message this email address in order to identify who their Trust lead is for the ordering of equipment.</p> <ul style="list-style-type: none"> With regard to the consumables ordering process: <p>Dartford, Gravesham and Swanley. A process is in place between GP practices and DVH procurement to order any non-prescribable consumables. This process is now well-established and GPs only need to complete an order form and the DVH procurement team will then order and deliver the item. A copy of the process shared with GP practices and the order form can be provided on request and has already been shared with head and neck colleagues working on the Dartford site.</p> <p>East Kent. For patients on the caseload of the EKHUFT trache team, consumables are supplied via EKHUFT. For those not under the EKHUFT trache team, consumables can be supplied via the Kent Community Health NHS Foundation Trust procurement team. These arrangements should be well-established and community and district nursing teams aware.</p> <p>Medway and Swale. The current process is that consumables should be ordered via the patient's GP practice. However, there is recognition that this process is not working effectively and ICB prescribing leads are currently working to establish an improved process via the Medway pharmacy team.</p> <p>West Kent. Again, the current process is for consumables to be ordered via the patient's GP practice.</p> DH thanked CS for his efforts in relation to this piece of work. 	
6	Cancer Alliance update	<p><u>Presentation provided by Chris Singleton</u></p> <ul style="list-style-type: none"> CS provided the group with an overview of the various projects relating to the following workstreams (please refer to the presentation circulated on 11.04.2023 for a detailed breakdown of what these are): <ul style="list-style-type: none"> - Faster diagnosis and operational performance. - Early diagnosis. - Treatment and care. - Cross-cutting. 	
7	CNS Updates	<p><u>EKHUFT – update provided by Sue Honour</u></p> <p>Patient Engagement Event</p> <ul style="list-style-type: none"> SHon referred to the patient engagement event which took place in 2022. The event gave patients the opportunity to articulate their expectations and concerns, which included the following: <ul style="list-style-type: none"> - Improved access to communication/the need for more written material (including leaflets). - Timely access to their GP. - Continuity of care. - The need for psychological support. - An honesty with regard to side effects. As a result of discussions at the event, education sessions have been put in place. The team are in the early stages of linking up with the Swallows Head & Neck Cancer Charity which was formed 	

		<p>by like-minded cancer patients to help and support fellow sufferers and their caregivers.</p> <p><u>MFT – update provided by Debbie Hannant</u></p> <ul style="list-style-type: none"> • The Headstart group is up and running again for West Kent patients. • The Trust continue to hold health and wellbeing events which include sessions on psychological support and potential side effects of treatment. <p><u>MTW – update provided by Evelyn Bateta</u></p> <ul style="list-style-type: none"> • EB confirmed she would be leaving the service; however, a new CNS has joined the team. • Following on from CS' update with regard to suction units/consumables, EB highlighted that the Trust had experienced some issues relating to this with tracheostomy care in the community currently an issue. CS stated he is aware of the lead contact for West Kent and advised EB to contact this person directly to raise her concerns. <p><u>QVH – update provided by Clare Lancaster</u></p> <ul style="list-style-type: none"> • MD joined the CNS team earlier this year. • The head and neck service have recruited an FDS Navigator. • A lot of work has been invested in the personalised care sphere, particularly with regard to HNAs. 	
8	AOB	<ul style="list-style-type: none"> • NC stated ENJ is now the pathology lead representative for the Head & Neck TSSG. 	
	Next Meeting Date	<ul style="list-style-type: none"> • To be confirmed. 	