Kent and Medway Cancer Collaborative

Thyroid Tumour Site Specific Group meeting
Friday 31st March 2023
Great Danes (Mercure) Hotel, Maidstone, ME17 1RE
09:30 - 12:30

Final Meeting Notes

Present	Initials	Title	Organisation
Chris Theokli **(Chair)**	**CT**	Consultant ENT Thyroid Surgeon	EKHUFT
Sue Honour	**SH**	Macmillan Lead Head & Neck and Thyroid CNS	EKHUFT
Anna Brown	**AB**	Head & Neck/Thyroid Cancer Support worker	EKHUFT
Robert Hone	**RH**	Head & Neck Otolaryngology Consultant	EKHUFT
Eranga Nissanka-Jayasuriya	**ENJ**	Consultant Head & Neck Histopathologist	EKHUFT
Nicola Chaston	**NC**	Consultant Cellular Pathologist	EKHUFT
Shwetal Dighe	**SD**	Consultant Upper GI & Thyroid Surgeon	DVH
Karen Glass **(Minutes)**	**KG**	Administration & Support Officer	KMCA & KMCC
Annette Wiltshire	**AW**	Service Improvement Lead	KMCC
Colin Chamberlain	**CC**	Administration & Support Officer	KMCC
Maria Acosta	**MA**	Consultant Physician in Nuclear Medicine	MFT
Suzanne Bodkin	**SB**	Cancer Pathway Manager	MFT
Sabita Pokharel	**SP**	Senior Clinical Research Practitioner / Nurse	MFT
Suzanne Williams	**SW**	Clinical Research Practitioner	MFT
Emma Bourke	**EB**	Macmillan Personalised Care and Support Facilitator	MFT
Mohamed Kenawi	**MK**	Consultant Radiologist	MFT
Adam Gaunt	**AG**	Specialty Registrar Otolaryngology, Head and Neck Surgery	MFT
Debbie Hannant	**DH**	Macmillan Head & Neck CNS	MFT & DVH
Navdeep Upile	**NU**	Consultant Otolaryngologist Head and Neck Surgeon	MFT & QVH
Evelyn Bateta	**EB**	Head & Neck CNS	MTW
Milena Truchan	**MT**	Head & Neck CNS	MTW
Siva Sivappriyan	**SS**	Consultant Physician in Diabetes & Endocrinology	MTW
Luisa Roldao Pereira	**LRP**	Nuclear Medicine Superintendent & Advanced Clinical Practitioner Project Lead	MTW
Gemma McCormick	**GMc**	Consultant Clinical Oncologist	MTW
Chris Singleton	**CS**	Senior Programme Manager – Cancer Commissioning	NHS Kent & Medway ICB / KMCA

Apologies			
Padmini Manghat	**PM**	Consultant Chemical Pathologist	DVH
Ali Al-Lami	**AAL**	Consultant ENT / Head & Neck Surgeon	EKHUFT
Alistair Balfour	**AB**	Consultant ENT, Head & Neck and Thyroid Surgeon	EKHUFT
Pippa Enticknap	**PE**	Senior Service Manager – CCHH Care Group	EKHUFT
Edmund Lamb	**EL**	Consultant Clinical Scientist / Clinical Director of Pathology	EKHUFT
Lakshmi Rasaratnam	**LR**	Restorative Consultant	MFT
Jeremy Davis	**JD**	Consultant ENT Surgeon	MFT
Debbie Owen	**DO**	Macmillan Head & Neck CNS	MFT
Ann Fleming	**AF**	Consultant Histopathologist & Clinical Lead for Cellular Pathology	MTW
Julian Hamann	**JH**	Consultant ENT & Thyroid Surgeon	MTW
Nadine Caton	**NC**	ENT Consultant	MTW

Item		Discussion	Agreed	Action
1.	**TSSG Meeting**	**<u>Apologies</u>** • The formal apologies are listed above. **<u>Introductions</u>** • CT welcomed the members to today's face to face meeting and the group introduced themselves. • If you attended this meeting and are not captured on the attendance list above please contact karen.glass3@nhs.net directly and she will update the distribution list accordingly. **<u>Review previous minutes</u>** • The minutes from the previous meeting which took place on the 6th September 2022 were reviewed and signed off as a true and accurate account of the meeting. **<u>Review action log</u>**		

		• The action log was reviewed, updated and will be circulated to the members along with the final minutes from today's meeting.		
2.	**NICE thyroid cancer guidance** **Assessment and management (NG230)**	**<u>Update provided by Chris Theokli on behalf of Jeremy Davis</u>** • CT confirmed the NICE guidelines (NG230) for Thyroid Cancer: assessment and management were published on the 19th December 2022. • CT clarified the NICE terminology within the document: i) Where there is clear and strong evidence of benefit the word "offer" is used – which means expected to carry out. ii) Where the benefit is less certain the word "consider" will be used. • The areas covered in detail within the guidelines include: i) Information and support ii) Assessment and diagnosis iii) Initial treatment of differentiated thyroid cancer iv) Ongoing treatment with thyroid stimulating hormone suppression for differentiated thyroid cancer v) Post-thyroidectomy monitoring of differentiated thyroid cancer vi) Follow up of differentiated thyroid cancer • Discussion regarding the importance of conveying both written and verbal information to their patients and to avoid mentioning they have a "good cancer." EKHUFT, MTW and MFT confirmed they offer information packs to their patients. • NG230 signposts the NG12 referral as a possible thyroid cancer. To consider a suspected cancer pathway 2ww referral for thyroid cancer in people with an unexplained thyroid lump. It was highlighted that the 2ww referral form (NG12) is not able to be amended. However, a message to the GP's would be for them to carry out the blood tests prior to the 2ww referral. The quality of the Community Ultrasound reporting is not good enough so they would refrain		**Presentation was circulated to the group on the 3rd April 2023**

		from this being carried out. • CT highlighted when making decisions about whether to offer fine needle aspiration cytology, to use an established system for grading ultrasound appearance. They should consider: i) Echogenicity ii) Microcalcifications iii) Border iv) Shape in transverse plane v) Internal vascularity vi) Lymphadenopathy • Additionally, reports of ultrasound findings should: i) Specify which grading system has been used for the assessment ii) Include information on the features as detailed above and provide an overall assessment of malignancy iii) Confirm that both lobes have been assessed, and document assessment of cervical lymph nodes. • The guidance outlines Thy3a cases should be offered repeat sampling. RH mentioned 90% of Thy3a cases end up having surgery. It was agreed NICE should also look at the cost benefits incurred when repeating tests as this elongates the pathway. • Pregnant women should be considered for surgery within the 2nd trimester ONLY. • Follow up of differentiated thyroid cancer: i) **Low risk group** – consider (at least annually) follow up of 2 – 5 years with thyroglobulin testing. Use US if needed. ii) **Medium risk group** – consider (at least annually) 5 – 10 years follow up with thyroglobulin testing. Use US if needed. iii) **High risk group** – consider (at least annually) 10 years follow up with thyroglobulin testing. Use US if needed.		

		iv) **Anyone with biochemical or structural evidence of disease** – consider (at least annually) lifelong follow up with thyroglobulin testing. Use US if needed. • Discuss at the MDT meeting any patient who has had a total or completion thyroidectomy, Radioactive Iodine (RAI) and has evidence of structural persistent disease. • Implementation of these guidelines in clinical practice can improve the quality of care for thyroid cancer patients and optimise their outcomes. • CT encouraged the group to read the newly published NICE Guidelines which have been circulated to the group.		
3.	**MDM Structure**	**<u>Update by Chris Theokli</u>** • EKHUFT – MDM's are more frequent than previously (weeks 1,2 and 4 of the month). Plan to move to weekly MDM's in due course. • West Kent MDM's – have improved. These used to be monthly for one hour 13:00 – 14:00 and now take place every other week with a plan to move to weekly. The meetings are quorate but there are time limitations which is a challenge. GMc is the chair of the WK MDM. • There is a surgical clinic after the West Kent MDM – 1 per month to discuss long term follow ups. • It was agreed radiology cover is a big issue. Alexis (Corrigan) and Dennis (Baker) are the radiologists for the WK MDM and MA covers in their absence. • CT is keen to have radiology representation at future TSSG meetings (MK is present at today's meeting). Additionally, stated the importance of having pathology and radiology attendance at MDM's. • GMc mentioned having weekly MDM's would be an issue for her as she attends 2 MDM's per week including the Breast MDM.		

4.	**Thyroid PSFU Pathway**	**<u>Update by Chris Theokli</u>** • It was agreed the Thyroid PSFU pathway should be for low-risk patients only with exclusion and inclusion criteria guidelines in place. Amendments to include: • 9-12 months – Dynamic Risk Stratification (DRS) – new system in thyroid cancer that considers the response to primary treatment to improve the initial risk of recurrence. • CNS to also see the patient at 12 months. • Thyroglobulin, Thyroglobulin antibodies and TSH – should also be at 6 months. • MDM decision at 12-months • Remote pathway follow-up to start at 18-months. • Once all the changes have been made the TSSG agreed sign off at today's meeting. **Action – to set up a PSFU meeting in June, to invite the Thyroid TSSG members and to also include Claire Mallett (DH not available w/c 12th June but would be keen to attend).** • SH mentioned the patient leaflets are in a draft format and are ready to be sent to the patient panels for agreement. These have been based on the colorectal and breast patient leaflets.		**Spreadsheet circulated to the group on the 3rd April 2023** **KG**
5.	**Research**	**<u>Update provided by Maria Acosta</u>** • HOT clinical trial (International) – risk of recurrent disease – hemi vs total thyroidectomy for low risk thyroid cancer patients. T1b and T2 to consider as long as there are no lymph nodes / aggressive features. 15 sites have opened across the UK but with only 1 patient recruited. • HOT Trial – 6 years – monitor 6-monthly. Patients selected from the MDT, assessed to see if they are suitable and to also have patient agreement. • Some governance issues in relation to the research app associated with this trial. MA is the lead at MFT.		

		• AB audited their practice from an EKHUFT perspective. CT agreed to speak to AB to get EKHUFT validated as a centre to take this trial forward. Need to register by 2025.		
6.	**2ww Data**	• The general consensus was the Thyroid data was still vastly inaccurate and does not provide a clear picture of the patients they see. The data needs to be separated from the Head & Neck performance data. • CT suggested approaching this issue in a different way with data that supports: i) The number of patients seen ii) The number of cancers iii) Surgery completed iv) Are they meeting the 2ww and 62-day performance targets? v) Pathologists to provide the number of thyroid surgeries and thyroid specimens – details obtained from SNOWMED. vi) MDT Co-ordinators across the patch – total number of patients discussed over the 6-month period – to include new patients and patients reassessed. vii) Number of thyroid cases – new 2ww referrals viii) Number of referrals – upgrades and downgraded		
7.	**Audit updates**	**Action - MA and GMc agreed to liaise separately to agree an audit to present at the next TSSG meeting in September.**		**MA / GMc**
8.	**CNS Updates**	**<u>EKHUFT - update by Sue Honour</u>** • SH confirmed they have moved to the risk stratified pathways and are now discharging patients over 10 years. • Continued work on discharge letters and patient leaflets. **<u>MFT – update Debbie Hannant</u>**		

		• Similar update to SH above and working closely with SH regarding the patient leaflets. **<u>MTW - update Luisa Roldao Pereira</u>** • Luisa will be leading on the stratified pathways for this to be an ACP led service. • Luisa has had her new working hours agreed from April 2023.		
9.	**CA Update**	**<u>Update by Chris Singleton</u>** • CS outlined the detail within the National Cancer Programme for 2023/24 which the Cancer Alliances are expected to work on. • The 4 main workstreams include: **i)** **Faster Diagnosis and Operational Performance** – to support the Best Practice Timed Pathways and pathway improvements to support the FDS and 62-day backlog objectives. Additionally, to have 100% national coverage for the Non-Sight Symptoms pathway. ii) **Early Diagnosis** – is a key priority for both Secondary and Primary Care. There are many national pilots in place including Targeted Lung Health Checks, Lynch Syndrome, Liver, Cytosponge and Galleri Grail. **iii)** **Treatment and Care** – which includes treatment variation and Living With and Beyond Cancer – Personalised Stratified Follow Up (PSFU) within all relevant tumour groups including endometrial, breast, prostate and colorectal and Psychosocial support. **iv)** **Cross-cutting themes** – patient engagement and involvement in the centre of all of this work. • CS referred to two new Best Practice Timed Pathways which include Head & Neck and Gynae. The NSS pathway is currently live at DVH with EKHUFT, MFT and MTW due to go live at the end of June 2023.		**Presentation was circulated to the group on the 3rd April 2023**

		• CS mentioned there has been 1 referral from Galleri Grail to MFT and 2 referrals to EKHUFT – no positive thyroid cancers. GMc confirmed she had 1 referral at MTW which was a thyroid cancer.		
10.	**AOB**	• GMc, ENJ, NC and Mary (Boyle) to discuss BRAF mutations – turnaround times – GLH the turnaround times are 3-4 weeks. **Action - There is an increased risk of breast cancer patients developing thyroid cancer and vice versa – it was agreed to look at the data to see if there is a common link. Agreed to present the data at the next meeting.** **Action - Patients with RAI refractory thyroid cancer tends to have poorer outcomes – University College London – aim to look at this in further detail with a possible update at the next meeting.** • It was agreed by the TSSG members: i) Thy3f – keep on the 2ww pathway ii) Thy3a – repeat scan – no need to keep on the pathway – active surveillance and to be discussed at MDM if there is a requirement for surgery or not. iii) Thyroidectomy for patients with thyroid eye disease. iv) All Thy 3's to be discussed at MDM – both pre and post-operative.		
11.	**Next Meeting Date**	• Next meeting date agreed to be a Wednesday in September 2023. Date to be agreed after the Head & Neck TSSG meeting later today. • KG to circulate the meeting invite once the date has been confirmed.		**KG**