

## Meeting of the *London Cancer Acute Oncology Service CUP Subgroup*

**Date:** Tuesday 20<sup>th</sup> November 2018, 3-4pm

**Venue:** Meeting room 5, 4<sup>th</sup> floor B, Maple House, 149 Tottenham Court Road, London W1T 7NF

**Chair:** Katia Boleti

### 1. Welcome and introductions and Minutes from last meeting

- KB welcomed the group and introductions were made. The group looked through the previous minutes and signed them off as accurate.
- PL provided feedback on the NCRI event which took place March 2018. The event was successful, sponsored by NCRI and NIHR. The focus was on how acute oncology and CUP teams deliver research proposals. The afternoon was filled with discussions and brain storming. A paper will be published.
  - Matt Seymour reviewed if any of the proposals seem feasible. It was decided to set up two task and finish groups for acute oncology and CUP, in order to work on research proposals for a year.
  - The CUP group is chaired by Natalie Cook. KKS is a member of this group. They met for the first time in September. They will meet again in December.
  - PL is chairing the AOS group which first met in October. They will meet again in January. The group brainstormed proposals.
  - The group discussed the types of proposals that are more likely to be accepted. The AOS group have discussed validated prognostic models, feasibility studies etc.

### 2. Clinical Trials

- The group looked through the CUPISCO flyer and synopsis which will both be circulated by SW.
  - The study is owned by Roche and lead by KKS.
  - There are currently two patients in the study on chemo. This is an international study. 790 selected patients, 472 target patients.
  - This study is likely to take a couple of year to complete.
  - The group discussed the exclusions and went through the criteria required for including patients to this trial.
- Manuel Astella has now been appointed by the TCGA (International Cancer Gene Consortium) to run CUP programmes. They require material and clinical data. JB will circulate information about this.

#### **ACTION:**

- Circulate CUPISCO flyer and synopsis - SW

### 3. CUP Audit

- Have received audit data from NMUH.
- The group discussed the benefits for this audit. And decided to develop the fields of audit template to include what the histology was;
  - The main site of disease
  - Types of first treatment
  - Patient demographics

UCLH Cancer Collaborative brings together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London and west Essex.

- Was the primary site identified
- Whether the patient was a True CUP
- Benign patients
- PL and KE will share the data they already capture to ensure this audit is robust enough.

**ACTION:**

- SW to send CUP audit template to the group

**4. Experiences with Multi Diagnostic Centres (MDCs)**

- KB explained that there was some confusion amongst GPs regarding the MDCs as there could be an overlap with CUP referrals.
- KE explained that an MDC is due to start at Barts. It will be run by a nurse practitioner. They don't use CUP 2ww forms. All referrals will be triaged then MUO/CUP patients will go to KE's service. They had a meeting 6 months ago with GPs to discuss. It's based at Barts with clinics at Royal London.
- At RFL, triage nurses will send patients to EK if they feel that is more appropriate than the MDC. They have also had discussions with GPs who are generally confused by CUP; they aren't sure how to refer in.
- KB explained that there have been a few instances of GPs using the CUP 2ww form which is not approved to be used.
- The NMUH service is run by Andrew Millar who is the clinical lead for the MDC project. TN has found that GPs refer to CUP rather than to MDCs. GPs can also refer to ambulatory care centres first.
- BHRUT has an MDC, with only a few patients going through it. The referrals are triaged by a GI CNS. The numbers have been increasing. If not appropriate for MDC, the patient will be assessed by the MUO service.
- KB suggested teams continue to monitor the progress of MDCs. As they're not at every hospital it could be confusing for a GP to refer in. There was discussion about whether GPs should be empowered to request scans themselves as it wouldn't lessen the need for this pathway. However it was felt that the GP may not know what to do with the results of any investigations ordered. They may not be sure of where the patient should be seen.
- The group agreed that the MDCs are great for non-cancer patients that require investigations and an answer to their symptoms. Otherwise they would wait a long time for a definitive diagnosis.
- KB explained that Andrew Millar will be invited to speak at a future meeting
- The 2ww form was created but was stopped as it was edited and sent to GPs without clinical consultation. It was then deemed unfit for service so the forms were withdrawn from practices. Pan London has decided not to move forward with a 2ww form.

**ACTION:**

- Andrew Millar will be invited to speak at a future meeting

**5. Future goals/next steps**

- PL suggested focusing on patients with brain mets and the appropriateness of the many neuro investigations they tend to go through.
  - Many are too unwell for this work up. PL advised that the team do not need to rush these investigations as it's not a neuro emergency especially in the first 24 hours.
  - It was felt that education/awareness about this is required.
  - The team discussed having an audit; number of tests and is consultant aware of request of investigation.
- Requested for team to send any ideas in for next steps which we can push forward.

**ACTION:**

- Requested for team to send any ideas in for next steps which we can push forward.

**6. Next Meeting**

Thursday 28<sup>th</sup> March 2018, 3-4pm, Ground Floor Central meeting room, 250 Euston Road, London NW1 2PG

**ACTION LOG**

Action reference	Action	Owner	Date Due	Status
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Nov01	Circulate CUPISCO flyer and synopsis - SW	SW		
Nov02	SW to send CUP audit template to the group	SW		
Nov03	Andrew Millar will be invited to speak at a future meeting	SW		
Nov04	Requested for team to send any ideas in for next steps which we can push forward.	ALL		

#### Attendees

Name	Initials	Trust/Organisation
Katia Boleti	KB	ERG Chair / Royal Free
Emily Wang	EW	Homerton
Pauline Leonard	PL	Whittington
Kate Earwicker	KE	Barts Health
Sue Dexter	SD	Barts Health
John Bridgewater	JB	UCLH
David Feuer	DF	Homerton
Tony Ndlovu	TN	North Middlesex
Mary Nolan	MN	BHRUT
Louise Dulley	LD	BHRUT
Emily Keen	EK	Royal Free (Barnet)
Sherrice Weekes	SW	<i>London Cancer</i>

#### Apologies

Name	Initials	Trust/Organisation
Shirley Lendor-N'Guessan	SLN	UCLH
Girija Anand	GA	North Middlesex
Kai-Keen Shiu	KKS	UCLH
Chrissie O'Leary	CO	UCLH
Ursula McGovern	UM	Royal Free