Meeting of the *London Cancer* HPB Pathway Board

Date: **December 6th 2018, 16:00-17:30**
Venue: **6th Floor (East Meeting Room), 250 Euston Road, London, NW1 2PG**

Chair: **Satya Bhattacharya**

Attendees

Name	Trust/Organisation
Satya Bhattacharya	Barts Health
Andrew Millar	North Middlesex
Aileen Marshall	Royal Free London
Cate Simmons	Princess Alexandra
Gemma Keating	Royal Free London
Graham Wyles	Patient Representative
Massimo Pinzani	UCLH
Simon Evans	UCLH Cancer Collaborative
Rosemary Phillips	Princess Alexandra
Rose Polcaro	Royal Free
Sophie Brown	Royal Free

1. Welcome and introductions and Minutes from last meeting

- Minutes of the previous meeting agreed as a true record.
- Launch of patient surveys discussed, it was agreed to continue with the surveys throughout December and January.
- Updates given regarding cancer waiting times breaches. SB has followed up the breaches that originated from Newham with their HPB lead. 1 breach was down to a patient DNA'ing appointments, 2 were down to EUS waits and 1 was down to a loss of imaging caused by the cyber-attack. SB has written to the new RFL HPB lead, Joerg-Matthias Pollok asking him to follow up on the high volume of breaches coming from Broomfield.
- SE to meet with AMa re hosting of a liver education event at Royal Free.
- The key milestones document was signed off. However it was acknowledged that Liver require their own pathway, SE to meet with AMa to develop this pathway.

ACTION –Group to continue surveys until the end of January.

ACTION – Liver education event to be held on 18th April at Royal Free

ACTION – SE to meet with AMa to draft liver pathway.

2. Biomarkers Studies - TRANSBIL (TRANSlational research in BILiary tract and pancreatic diseases)

- Jenni McGivney from the UCLH Cancer Collaborative earlier diagnosis team introduced the new biomarker study, TRANSBIL to the team.

- TRANSBIL aims to collect blood and urine/saliva samples from 600 patients. The cohort includes Symptomatic/2ww patients, Cystic tumours in surveillance and people with Familial/high risk genetics.
- UCLH are currently recruiting and Royal Free aim to begin recruitment in early 2018.
- PCUK are funding the study to the amount of £680k.
- Steve Pereira is the P.I, his team are based at RFL.
- Expansion to PAH/NMH is possible when higher volume is required.
- The board thanked Jenni for presenting and requested to be kept up to date with progress particularly the possibility of expansion.

3. MDC Update

- Felicity Carson, the project manager for the MDCs at UCLH Cancer Collaborative presented an update on the progress of the multi-diagnostic clinics.
- The MDCs are a fast track diagnostic service for those patients that are suspected of having cancer but do not fit an existing 2ww pathway.
- The current MDC sites are UCLH, North Middlesex, Royal Free (to go live in 2018?) and Queen's Romford.
- MDCs take patients directly from GPs and from A&E if it a patient is suspected of cancer but it is unclear which tumour type.
- The MDCs are designed to help facilitate 28 days diagnosis and 62 day treatment targets. By reducing repeat GP appointments and referrals to inappropriate cancer pathways patient experience is improved and earlier diagnosis is facilitated and money is saved.
- GW offered to help increase awareness with GPs, FC to discuss with him outside of the meeting.
- Michael Grimes a CNS is leading the new clinic at RFL. AMa is to nominate someone from the liver team at RFL to link in with the MDC.
- At UCLH and NMH the conversion rate is 6.8% which is similar to the 2ww conversion rate for upper GI. Predominately the cancers diagnosed by the MDC are HPB. However the fact that a minority of cases are cancer necessitates that staff are comfortable working with non-cancers so this large cohort are not miss referred. The large number of non-GI cases further necessitates an experienced CNS in clinic.
- Radiology ring fences CT slots for the MDC, the MDC at UCLH has 6/7 slots a week.
- By March 2019 cost effectiveness of the MDCs will need to be evidenced as they will no longer be funded by the ACE programme. Encouragingly FC reported that CCGs have shown an interest and understand that the clinics serve a need.

ACTION: AMa is to nominate someone from the liver team at RFL to link in with the MDC.

ACTION: SE to forward TRANSBIL and MDC presentations and MDC 'one pager'.

4. Straight to Test

- Dr Lance Saker, a GP and director of the skin pathway board and diagnostics lead for the Transforming Cancer Services Team (TCST) recently raised how STT could and should work with SB.
- The board felt STT could function if the GP is experienced with cancer and HPB. Otherwise selection of the correct CT is an issue as are inappropriate referrals. For example there is a fear that too many patients patient presenting solely with back pain will be sent for a pancreas CT.

- The GP should inform the patient that there is a CT radiation risk and that the scan has been ordered due to a cancer concern.
- MDCs could support GPs on which CT is appropriate and would be prepared to see the patient if the GP is unsure where to refer.
- AMa commented that it is more difficult to implement STT for Liver as there is no 'one size fits all' initial scan. CT liver is not always the correct scan, it may be U/C with or without contrast. Therefore Liver STT may be possible but support mechanisms would have to be put in place.
- The board commented that Ian Renfrew should be approached for a radiologist perspective.
- The board agreed that in principle they have no objection to STT however processes should be put in place to ensure that the correct CT is ordered at the correct time. A training protocol for GPs might be put together to serve this purpose.
- SB to write a letter to Dr Saker reflecting the above. SB to highlight the role of MDCs.

ACTION: SB to write a letter to Dr Saker re HPB STT

5. MDT Improvement Reports - Board Response

- SB noted that he was happy with all recommendations in both Prof Mughal's and Prof Gore's MDT improvement reports.
- AMa commented that the flow of information in and out of the MDT is an issue. E-referrals are in use at Barts which specify required information. Fears were expressed that this could be an impediment to prompt referrals. A form that pre populates based on Trust systems and infoflex could help resolve this issue.
- The board also noted that the reports do not include recommendations related to minimum standards of outcome recording. It was agreed that in HPB MDTs the outcome should include a description of discussions that evidence how decisions have been reached.

6. Board Position on Pancreatic Cyst Protocol and 'Hot Jaundice' Patients

- SB has asked Steve Pereira to advise pancreatic cyst protocols.
- The board agreed that 5mm pancreatic cysts should not be discussed in MDT instead the radiologist opinion would suffice.
- AMi noted that double ducts should be reviewed in MDT but those with dilated ducts with a normal liver function should be protocolised.
- Pre-op bilateral drainage discussed. The urgency of an ERCP needs to be stressed. SB develop paper explaining the case which will be then sent to executive teams. SB to include timeframes in his paper i.e. that urgent early surgery cases should have a bed available within 24 hours for ERCP and surgery within 7 days.

ACTION: SB to ask SP for a pancreatic cyst protocol and send to board.

ACTION: SB to put together 'hot jaundice' paper and escalate to executive teams.

7. Pan Vanguard Guidelines

- It was agreed that a physician, oncologist and surgeon should each form working groups to review each guideline.
- It was noted that we may need to wait for EASL guidelines to be published before updating HCC documents.

ACTION: SB/SE to update nominated guideline reviewers paper.

8. AOB

- No further business.

9. Next Meeting

Wednesday 14th March 2018 16:00-17:30, 6th Floor Central (East Meeting Room), 250 Euston Road, London, NW1 2PG

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Dec01	**Group to continue surveys until the end of January.**	AM		
Dec02	**Liver education event to be held on 18th April at Royal Free**	SE		
Dec03	**SE to meet with AMa to draft liver pathway.**	SE		
Dec04	**AMa is to nominate someone from the liver team at RFL to link in with the MDC.**	AM		
Dec05	**SE to forward TRANSBIL and MDC presentations and MDC 'one pager'.**	SB		
Dec06	**SB to write a letter to Dr Saker re HPB STT**	SE		
Dec08	**SB to ask SP for a pancreatic cyst protocol and send to board.**	SE		
Dec09	**SB to put together 'hot jaundice' paper and escalate to executive teams.**	SE		
Sept09	**SE to send trial information and recruitment email to board. Members to suggest additions to distribution list.**	SE		
Dec10	**SB/SE to update nominated guideline reviewers paper.**	SB		

Apologies

Name	Trust/Organisation
Andrew Rochford	Barts Health
Brian Davidson	Royal Free
Dominic Yu	Royal Free
Kito Fusai	Royal Free
John Lancaster	Patient Representative
Lee Gutcher	Royal Free
Roopinder Gillmore	Barts Health
Tim Meyer	Royal Free