# Meeting of the *London Cancer* HPB Pathway Board

Date: **June 27th 2018, 16:00-17:30**
Venue: **Trustees Board Room, 5th Floor East, 250 Euston Road, London, NW1 2PG**

Chair: **Satya Bhattacharya**

**Attendees**

| Name | Trust/Organisation |
|---|---|
| Satya Bhattacharya | Barts Health |
| Simon Evans | London Cancer |
| Brian Davidson | Royal Free |
| Doug Thorburn | Royal Free |
| Javaid Subhani | Basildon and Thurrock |
| Rebecca Hall | Royal Free |

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

- Minutes of the previous meeting agreed as a true record.

## 2. 18th April Liver Education Afternoon @RFL

- 45 clinicians attended in total, 12 organisations were represented including from referring units such as Colchester, West Hertfordshire, East and North Hertfordshire etc.
- 17 CNS' were in attendance, 6 other nurses and 6 consultants were the best represented groups. Did we do enough to reach junior doctor workforce?
- Attendees' responses in evaluation forms revealed high satisfaction with speakers, trials and research were the most popular topics.
- The venue was the least popular aspect of the day with attendees noting the room was too small. Interest in future events should not be underestimated when rooms are booked.
- Potential future events discussed. Interactivity should be increased at future events, the format we have used so far can be a little didactic and misses an opportunity for team building and improving communications.
- The next session could align with publication of new guidelines. Perhaps setting up a debate such as '3 key areas where reality diverges from guidelines'. The board agreed a more open interactive should be accommodated at future events.

| ACTION – Venues to be scoped for October/November event. |
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## 3. Patient Experience Surveys

- SE introduced final results from our patient experience surveys.
- 38 completed the survey (10 for pre-treatment and 28 for post treatment) post treatment comprises 15 female and 13 male.
- Patients were given surveys in clinic by CNS'. Future surveys should be held over a finite timeframe and with procedures in place to make sure all eligible patients were surveyed, for example by sending a survey to all patients discussed in a month's worth of MDT meetings.
- The group discussed whether enabling greater access to dietitians was a priority. Some members felt CNS' have the capabilities to cover the role. It was thought access to palliative and intensive care involvement in the MDT was a more pressing issue.

## 4. STT/ Direct Access

- Three alternative options will shortly be available to GPs when referring HPB patients; Straight to Test, in which the hospital manages the patient after test or direct access in which the GP makes a decision where to refer based on the outcome of the test and the traditional 2 week wait system.

## 5. Pancreatic Cyst Protocol

- SB confirmed that he was satisfied with circulated diagram created by BD in 2015.
- The board confirmed that patients should never be put on surveillance if an intervention is not being considered.
- The board discussed what should be done with cysts of less than 5mm. It was agreed that patients need to be informed that surgery is a potential outcome.
- Concern raised that management of Cysts may have moved on in the last 2/3 years since BD, Steve Pereira and Mo Sheriff created the document. However it was felt that there is no evidence for the frequency of follow up and no time limit for surveillance.

**ACTION:** BD to check an updated version of the GUT article (The European Study Group on Cystic Tumours of the Pancreas Gut doi:10.1136/gutjnl-2018-316027 and discuss with SP and update the next board.

## 6. Liver Mets Guidelines

- SBRT recommendations in the Liver Mets guidelines discussed. Concern not to offer non-evidence based advice however if no direction is offered there is concern that any type of management will therefore be seen to be acceptable
- The board agreed that specialist MDTs should ultimately make the decision.

ACTION
The following to be added to the Liver Mets Guidelines. 'Consideration of SBRT to be discussed at Cyberknife/Specialist MDT.'

## Pancreatic Guidelines

- In section 2.1.4 'People with inherited high risk of pancreatic cancer' Lynch syndrome is included under consideration for surveillance. 1 in 270 people have Lynch syndrome and

there is no evidence of surveillance benefit, therefore the board was unsure whether it should be included and if so how long it should be an indication?

- The board discussed the Section 3.1 line, 'In patients being considered for resection without neo-adjuvant treatment, biliary decompression is only indicated in patients who are deeply jaundiced (> 250 µmol/L), cholangitic, or in whom surgical resection is expected to be significantly delayed.'
  It was felt a 200/250 cut-off cannot be mandated due to lack of evidence.
- In section 2.2 the second bullet point should read ' To those identified with localised disease on CT consider cancer treatment (surgery, radiotherapy or systemic therapy) then undergo fluorodeoxyglucose-positron emission tomography/CT (FDG-PET/CT)'

ACTION

- Authors to be sent comments and asked to make changes.
- Roopinder Gillmore to make changes, likely around use of folfirinox
- Updated guidelines to be circulated to board members for ratification.

## 7. 28 Day Faster Diagnosis Standard

- SE explained the new cancer standard NHSE are introducing. It will be expected that there patients should be told whether or not that have cancer within 28 days from 2ww referral. Two week wait and 62 treatment standards will still be in place.
- The standard will bring extra demands as 'informed of diagnosis date' is a metric we do not necessarily already have in place, meaning it will ned to be clearly documented and is an additional measure for coordinators to track.
- The standard will necessitate better communication, both with the patient, and between primary and secondary care. Patients who have cancer will still need to being informed face to face but those that do not can be informed via letter or phone.
- From April 2019 Trusts are required to send the data to NHSE from April 2020 they will be measured against the standard in a similar way to 62 day etc. We do not know what the % met requirement will be yet.
- The board had previously specified the required tests that should be performed by day 18 prior to ITT. However it is felt the other upper GI cancers would struggle to achieve this and that a system that worked for all of the tumour types would be beneficial.
- 1 stop clinics have been introduced at Royal Free, this should be extended so patients from further away have less far to travel.

## 8. AOB

- Caroline Cook will be the new project manager for the pathway board. SE is remaining within the collaborative and will hand over work prior to the next board.

## 9. Next Meeting

tbc

## ACTION LOG

| Action reference | Action | Owner | Date Due | Status |
|---|---|---|---|---|
| Dec04 | **AMa is to nominate someone from the liver team at RFL to link in with the MDC.** | AM | | |
| Jun01 | **Venues to be scoped for October/November event.** | SE | | |

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| Jun02 | BD to check an updated version of the GUT article (The European Study Group on Cystic Tumours of the Pancreas Gut doi:10.1136/gutjnl-2018-316027 and discuss with SP and update the next board. | BD | | |
| Jun 03 | The following to be added to the Liver Mets Guidelines. 'Consideration of SBRT to be discussed at Cyberknife/Specialist MDT.' | BD | | |
| Jun 04 | Authors to be sent comments and asked to make changes. | SE | | |
| Jun 05 | Roopinder Gillmore to make changes, likely around use of folfirinox | RG | | |
| Jun 06 | Updated guidelines to be circulated to board members for ratification. | SE/CC | | |

**Apologies**

| Name | Trust/Organisation |
|---|---|
| Aileen Marshall | Royal Free |
| Andrew Millar | Royal Free |
| Andrew Rochford | Barts Health |
| Aruna Dias | Barts Health |
| Cate Simmons | PAH |
| Claire Frier | Royal Free |
| Dominic Yu | Royal Free |
| Kito Fusai | Royal Free |
| Massimo Pinzani | UCLH |
| Mike Chapman | UCLH |
| Roopinder Gillmore | Royal Free |
| Steve Pereira | UCLH |
| Roselyn Polcaro | Royal Free |
| Yiannis Kallis | Barts Health |