

## ***London Cancer Lung Cancer Pathway Board***

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Date: **Thursday, 28<sup>th</sup> July 2016, 16:00 –17:30**

Venue: **Meeting Room 1 3<sup>rd</sup> Floor, 170 Tottenham Court Road, London, W1T 7HA**

Chair: **Sam Janes, Pathway Director**

### **Welcome, Introductions and Apologies**

- SJ welcomed member of the board, introductions were made and apologies were heard from Karen Sennett , David Feuer, Martin Forster and John Conibear

### **1. Update on the Vanguard lung programme of work**

- There are two business cases – one to cover NCL and one to cover NEL (a draft of NCL was attached to the agenda). These are being finalised and worked on by FB.
- There are ongoing discussions taking place – NCL draft was presented at the last NCL Cancer Board and CL has written to Dr Ian Basnett about the best approach to these discussions taking place in East London. TAn will speak to the chair of Tower Hamlets CCG.
- Some CCGS have expressed concerned about the affordability of the programme and the Board suggested if it could be identified the CCGS who want to be on board with this and potential roll out with those first.
- Multiple avenues are being explored to get funding for the capital. It was suggested that the charities (UCLH and BH should approached)
- The aim is to have the programme started by March 2017.
- TAn suggested rather than approach boards approach individuals as it can be time consuming to go to all the meetings.
- The Royal Free wanted it noted that they are very supportive of this programme and want to support this from the beginning.

**ACTION: FB to send out the next draft for feedback to the Board members**

### **2. Research potential**

- There is potential that this programme is conducted as a trial. If this goes ahead this would be a three year trial (follow up for 8 years) and will include 3 annual scans and 2 blood tests. The programme would have to deliver 15,000 CT scans in the first year. It is anticipated that this will be confirmed either way by the September Pathway Board

### **3. Lung PREDICT**

- The lung PB is required to carry out an annual audit. The previous audit was connected to the diagnosis of cancer A&E audit.
- TAh and NN introduced the concept of Lung PREDICT. The idea is firstly to gather a full dataset of data of patients and then apply an algorithm that would then act as a risk profiling tool that could be used by GPs. The data would be all the lung cancer patients that were part of the original 2013 audit and then several additional data fields.

- NN and TAh asked if the Board would support this by agreeing to collect the additional data that would be needed to completed by someone clinical at each Trust (the data could be electronic, notes or letter). This It was agreed and NN will send around the data to each individual lead at each Trust.
- NN noted that they have received some funding for this and asked fellow Board members how this could best be spent.  
**ACTION: NN to send out the patient data to each Trust lead for completion of the data fields (confirmed that he required nhs.net /secure email to do this**  
**ACTION: Trust leads to complete the data by the deadline that NN puts in his email**

#### 4. Radiographer Reporting

- SB and CL discussed this concept with the Board members to firstly understand their and their Trust's viewpoint and secondly to gain support for a bid to the Diagnostic Capacity Fund.
- Feedback included:
  - The consideration and agreement by the Professional bodies – CL mentioned this had been sought and agreed upon
  - The legal viewpoint / indemnity for the radiographers
  - How overall governance would work
  - What qualifications the radiographer would receive after training
  - Could the radiographers be taught to read CT before X-ray?
  - Could the radiographers triage the CT / x-ray scans (and anything with an abnormality be passed onto a radiologist)
- An EOI has been submitted to the Fund – if approved then the PB members will be asked to agree on the final idea submitted – the Homerton would lead the bid as well as the training.  
**ACTION: CL to feedback to Lung PB members if the idea of the training is accepted and if a full bidding document is required and to confirm exactly what the bid will include.**

#### 5. Standing items

Radiology and Diagnostic – nothing further than the above items.

**Chemotherapy** - Ceritinib has been NICE approved post crizotinib and should be incorporated into local and UCLP treatment algorithms; osimertinib and pembrolizumab are currently available through EAMS / EAPs; there is probably general awareness already that CDF is transferring its portfolio to NICE re-review, which includes a number of lung cancer relevant agents such as crizotinib and maintenance pemetrexed, we should know more by Sept 2016; in addition there are a large number of lung therapeutic agents undergoing NICE review at present – probably relevant timing to consider a new algorithm by end 2016 if it isn't being updated real time.

**Research** - TRACERx and Lung-screen recruiting well; SMP2 recruiting at UCLH & and Barts with MATRIX in set up at both sites; several other smaller academic and commercial studies open – We are trying to develop a network (NT CRN) portfolio to improve communication, probably in newsletter format rather than website due to resource issues:

**Surgical** – The Barts Health Thoracic Centre is now complete. Kelvin Lao has been appointed as the lead. Innovations / new services that are now being planned include one stop clinics and Rapid Access clinics.

**Primary care** – Tan highlighted the public cuts on smoking sensation and wanted to ask if the concern could be expressed by both The Public funding will stop and something needs to be done as a board. This could be mentioned at the Cancer Vanguard.

Nursing – None

Research and Trials- This was discussed on point 4

**AOB**

- Jonathan Gardner is moving on to be Deputy Director of Strategy and UCLH and the Vanguard work will be overall managed by Nick Kirby
- It was noted that the Board required patient representation – it was noted that there is a potential patient to ask (CL asked for details) and that this should be taken forward
- SE discussed the possibility of Junior Doctors being present at the Pathway Board meetings. This was welcomed although it was noted that due to the turnover there needed to be agreement on how this could work.

**Next Meeting(s)**

Thursday	29-Sep-2016	16:00-17:30	Meeting Room 1, 3rd Floor, 170 Tottenham Court Road, London W1T 7HA
Thursday	22-Dec-2016	16:00-17:30	Meeting Room 1, 3rd Floor, 170 Tottenham Court Road, London W1T 7HA

Name	Trust/Organisation
Sam Janes	UCLH
Neal Navani	UCLH
Tania Anastasiadis	TH CCG
Sajid Khan	RFH
Stephen Burke	Homerton Hospital
Tanya Ahmad	UCLH/RFL
William Ricketts	BARB
Claire Levermore	UCLH
Fanta Bojang	UCLH
Julian Singer	NMID +Harlow
Angshu Bhowmik	Homerton
Sara Lock	Whittingtom
Paula Wells	SBH/BH
Steve Edmondson	SBH/BH