

London Cancer Upper GI (OG) Tumour Pathway Board Annual Report 2017-18

Introduction

London Cancer incorporates the geographical areas of North Central and East London and West Essex with a population of 3.7 million. Since 2016, London Cancer has become one of the six principal programmes of the UCLH Cancer Collaborative.

The Upper GI(OG) Cancer Tumour Pathway Board is a cancer care specific board which was led by Prof Muntzer Mughal until March 2018. In April 2018 Mr Dip Mukherjee took over as Tumour Pathway Director. Its membership includes representation from cancer professionals across the region and active participation from primary care and from patients.

The role of each pathway board is to understand any variation in practice and set standards that take advantage of planning whole pathways of cancer care for a large population. This drive to improve cancer care for patients covers an integrated care pathway that extends from presentation and diagnosis through to palliative care and living with and beyond cancer

“The reconfiguration of OG cancer surgery at UCLH has been a major achievement and I would like to thank the clinical teams from BH and UCLH, particularly the surgeons who are working together to make this a success. We look forward to achieving better surgical outcomes by the use of prehabilitation programs. Improving timed pathways and adoption of protocolised treatment will lead to improvements in Cancer Waiting Times. A number of immunotherapy trials are now recruiting patients, with the promise of improvements in long term outcomes”.



Pathway Board Director,
Consultant Surgeon at UCLH



Mr Dipankar Mukherjee
New Pathway Board Director,
Consultant Surgeon at BHRUT

Achievements this year

2017/18, as part of The UCLH Cancer Collaborative, the Upper GI (OG) Tumour Pathway Board has worked collaboratively with our Vanguard partners in Manchester and London on developing a new best practice timed pathway for OG patients.

This year has been our second full year after the reconfiguration of OG cancer surgery at UCLH. Our focus has been to ensure and maintain the success of this reconfiguration.

- 70 oesophago-gastric cancer resections and 9 benign-complex operations were performed during 2017. This is a reduction in activity compared to 2016 (93 cancer resections and 14 benign-complex operations) as expected due to the improvements in staging. Surgical outcomes have remained excellent, and the 90-day mortality reported in the 2017 National Oesophago Gastric Cancer Audit was 1.1%. The centre was one of 6 out of the 37 centres nationally to have a mortality of less than 1.5%.

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

- The service has successfully passed Gateway 5 and 6 assurance document for the reconfiguration of specialist surgical treatment to UCLH.
- The service this year has been involved in a number of research projects including LASER (lasting symptoms after esophageal resection) study and is taking part in the genomics of gastric cancer study as part of the 100,000 genomics project. An exciting new project is the development of a micro-CT to enable imaging of endoscopic and surgical cancer resections to a resolution of one micron, which has received a grant of £950,000 from the Engineering and Physical Sciences Research Council. This will provide histology-level information rapidly. The project is led by Professor Alessandro Sandro from the Dept of Medical Engineering at UCL and the team includes Professors Laurence Lovat, Muntzer Mughal and Marco Novelli. The micro-CT scanner is currently being built and trials will start in 2019. We were successful in the award of a Macmillian grant of £100,000 to develop digital health innovation to improve the care of oesophageal cancer patients. This is a joint project between the OG Pathway Board (represented by Professors Mughal and Pritchard-Jones) and the Department of Primary Care and Population Health, led by Dr Henry Goodfellow working with Professor Elizabeth Murray.
- A focus of the pathway board this year has also been on improving the MDT process across the network. Following on from the UCLH Cancer Collaborative MDT Improvement report, published in April 2017 the OG pathway board has developed and agreed a set of protocolised pathways, streamlining the patient pathway. These protocolised pathways are currently being piloted at the UCLH sMDT which includes a pre-SMDT triage meeting involving the SMDT lead, radiologist and MDT coordinator.

Patient representation

Our patient representatives have continued to be a vital part of each pathway board meeting this year. They also allow the board to reach out to wider patient groups within our network. This allows the board to hear feedback from a wide range of patients which influence the work plans and priorities of the board.

Future plans

Our work plan for is outlined below 2017/18.

No	Objective	Owner	By
1	To continue to investigate ways of improving Dietetic support for patients across the network. This includes further investigation into digital support.	DM/Dieticians	ON GOING
2	Support SMDT and LMDTs across London Cancer to implement the relevant recommendations that came out of the <i>London Cancer</i> MDT Improvement report.	MM/DM/JG	On GOING
3	Review and updating of all OG clinical guidelines	DM/JG	December 18
4	Continue to work collaboratively with RMPartners on the development of a new national OG Timed pathway.	DM/JG	March 19
5	Collect data to support the analysis of current OG pathways within London Cancer.	DM/JG	Dec 18

Acknowledgements

We would like to thank all the members of the Upper GI (OG) Tumour Pathway Board for contributing their time to Tumour Pathway Board meetings and projects outside the meeting.

Particular thanks to our patient representative(s) Brian Hill and David Holden who have generously given up their time to contribute.