

Meeting of the *London Cancer* Urology Cancer Pathway Board meeting

Date: **Thursday 15th November 2018, 16:30-18:00**

Venue: **Boardroom, UCLH @ Westmorland Street, London, W1G 8PH**

Chair: **John Hines**

1. Welcome and introductions and Minutes from last meeting

- John Hines welcomed members of the board, introductions were made and apologies heard. Minutes of the last meeting were accepted as an accurate record.
- Rosie Batty highlighted that surgical waiting times for Prostate patients has seen a considerable improvement and in October 60% of patients were treated in 24 days from their DTT. The aim is to reduce this waiting time further to 17 days by the end of 2018.
- John Sandell highlighted that he now attends the Barts Health cancer board where he raised the issue of pathology waiting times. Angela Wong has responded to his letter but are still awaiting formal feedback from CEO.

Action Log:

01/03/2018	Develop a list of trusts who can offer ureteroscopies as part of the Upper Tract TCC timed pathway within the timeframes agreed in the new timed pathway	Ravi Barod	01/09/2018	List being developed during site visits. Currently have met with Barts Health, BHRUT and UCLH. To meet with NMUH next.
01/03/2018	Royal Free sMDT team to visit trusts within London Cancer to discuss the new Upper Tract TCC timed pathway.	Ravi Barod/ Gillian Smith	01/09/2018	Same as Action above.
17/05/2018	feedback ideas on how the prostate visualisation tool can be used to support pathway improvement projects to Donna Chung	All	01/08/2018	On hold until data in visulisation tool is updated.
17/05/2018	feedback any registrars within their own trust who may be interested in having a log in for the pathway visualisation tool	All	01/08/2018	ON HOLD – as above

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

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Naser Turabi – Programme Director

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17/05/2018	Prostate chemotherapy guidelines to be completed and presented at the next pathway board meeting	John Hines	16/08/2018	JH to ask Dr Costi Alifrangis to develop guidelines with Karen Tipples and Reena Davda
17/05/2018	feedback concerns around pathology waiting times to Kathy Pritchard-Jones	John Hines	01/06/2018	Completed

2. Age Related PSAs

- John Hines outlined the work carried out by the National Cancer Vanguard to develop a new Prostate timed pathway. This included developing a set of GP referral PSA levels that took into consideration the various recommendations from bodies such as BAUS.
- The work carried out by the vanguard was used to establish the new NHSE national Prostate diagnostic timed pathway however the PSA levels published in this document were different from the ones agreed by the national vanguard. The PSA levels set out in the national timed pathway state that A PSA of >3ng/ml should be used as referral rate for men aged 50-69.
- These PSA levels have now been included as part of the new Prostate GP referral form which has caused some concern across the network that this may significantly increase the number of referrals.
- Rosie Batty stated that UCLH have not seen a rise in referrals as of yet.
- The board agreed that the PSA levels outlined in this document do not seem correct. John Hines agreed to write to the new Prostate national Expert Reference Group outlining the concerns raised.

ACTION: To write to national prostate ERG raising the pathway boards concerns of the new PSA levels.

3. MRI Optimisation Project

- Vasia Papoutsaki presented an update on the MRI optimization project. This project focusses on improving the quality of Prostate MRI images through optimising the protocols used in line with the national MRI consensus paper.
- The board agreed that this project was extremely important and some trusts have already begun to see the benefits of the optimisation.
- The Prostate Imaging Network Group (PING) which consists of uro-radiologists from each trust in *London Cancer* met on 7th November. Positive feedback was provided from all trusts on the imaging quality post optimisation.
- Stefanos Almpanis questioned if optimisation would impact on the clinical reporting of MRI specifically in regards to PIRADS and LIKERT reporting techniques. Clement Orczyk confirmed that this would not impact the reporting of scans but just the quality of the image.
- Reena Davda highlighted that contrast was not being used at Princess Alexandra for MRI prostate scans. Karen Tipples also stated that some scans performed at Barts Health did not include contrast. Vasia Papoutsaki informed the board that in certain sites MRI scans are performed out of hours or in an offsite building where clinical members of staff are not present and therefore contrast cannot be used.

- John Sandell asked about the importance of contrast when conducting a Prostate MRI. Jeevan Kumaradevan highlighted that contrast provides an extra 10% more detection rate but is not the most important part of the optimisation. However it was agreed by the board that contrast is useful when planning for various treatments including Radiotherapy.
- John Hines summarised that overall, this project has had a positive impact on prostate diagnosis across the network and will continue to work with trusts to optimise MRI scans. Once this project is completed findings will be published to help support similar work across the NHS.

4. Prostate Biopsy Guidelines

- Discussion deferred until next pathway board meeting.
- Greg Shaw unfortunately could not attend the meeting but would like to discuss the guidance with regards to an abstract submitted to the EAU.
- This abstract will be circulated to the board for discussion.

ACTION: Abstract regarding Prostate biopsies to be circulated to board.
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6. Prostate Diagnostic Training

- Clement Orczyk presented on a new training proposal to support the improvement of prostate diagnostics across the *London Cancer* network.
- This training aims to support the improvement of MRI reporting as well as targeting biopsies under local anaesthetic. One proposal would be to use a piece of software called MIMs which would enable the contouring of images.
- This would be the first time that this training approach has been used globally with the aim to disseminate expertise across a large population.
- Jeevan Kumaradevan highlighted that Whittington are in the process of implementing MIMs software.
- Reena Davda asked if trusts were currently using MRI fusion biopsies machines. These are currently being used at Royal Free and soon to be used at UCLH. Clement Orczyk stated that fusion is useful for training however once fully trained it may not be required.
- Luis Beltran felt that this programme would have a positive impact on pathology departments, reducing the number of biopsies taken for each prostate examination.
- This programme was also supported by the patient representatives on the board.
- Clement Orczyk will be carrying out site visits to each trust in the network to discuss the details and gauge interest in the project.

7. Pathway for High-Risk Bladder Cancer

- John Hines updated the board on the pathway for patients with high risk bladder cancer; these patients require rapid treatment which can often be multi modal with a combination of radiotherapy/chemotherapy/surgery. A new pathway to streamline these cases was agreed at a specific bladder cancer meeting in December 2017 whereby patients requiring a cystectomy would be referred directly to UCLH SMDT rather than being discussed at their local SMDT. However, this pathway is currently not happening for all patients.
- One issue with bladder cancer patients is that they are not tracked by MDT coordinators following their TURBT as this procedure takes patients off the 62 day cancer pathway.

- John Hines proposed that this pathway should be audited to show the delays within the pathway. Two SPRs have been identified who would be interested in carrying out this audit. This would also ensure that patients would be tracked through this part of their pathway.
- Tom Powles stated that this audit should include all high risk bladder cancer patients, not just patients that require a cystectomy. This was agreed by the board.
- Current national guidelines state that high risk bladder cancer patients should be followed up at the SMDT in a SMDT Bladder clinic. These have been established at UCLH, Barts Health and BHRUT.
- Reena Davda highlighted that, in her experience the longest delay within the pathway happen during the TURBT. Stefanos Almpanis agreed that waiting times for TURBTs are too long and this is due to capacity.
- Tom Powles suggested that London Cancer as a network should establish a network wide TURBT clinic whereby any patient can receive treatment at any trust that has more capacity. This was agreed by the board.

ACTION: John Hines to communicate to board details regarding the bladder pathway audit

8. Quality Of Life Project and Stratified follow up

- Sharon Cavanagh and Sarita Yaganti provided an update on the NCL stratified follow up programme for prostate cancer.
- Part of this programme includes a safety net that will ensure patients do not get 'lost' once being referred back to primary care.
- This safety net will include a weekly data collection of patients who have been referred back to primary care. This information will be collected by each MDT coordinator and sent to the UCLH SMDT coordinator who will collate, anonymise and send to CCGs.
- The audit template was presented to the board; John Hines suggested that the borough of where the patient lives should be replaced with the post code as this would be easier for MDT coordinators to find.
- Rosie Batty asked if they MDT coordinators are aware of this, Sharon Cavanagh confirmed that they are.
- The board are happy to sign off the audit with the amendments above made.
- Veronica Brinton requested that the term 'normal' should be removed when discussing PSA levels as patients do not find the term useful.
- John Hines suggested that the NCL stratified follow up documentation should be shared with colleagues in NEL and asked for this to be sent to Karen Tipples.

**ACTION: Amendments to stratified follow up safety net audit to be made
NCL stratified follow up documentation to be shared with NEL colleagues**

9. AOB

- John Hines highlighted to the board that he is planning to invite more GP representation to the urology pathway board.

Next meeting date: 16:30 – 18:00, Thursday 21st February 2019, Location TBC

ACTION LOG

Date Agreed	Action	Owner	Date Due	Status
01/03/2018	Royal Free SMDT team to visit trusts within <i>London Cancer</i> to discuss the new renal timed pathways. Including developing a list of trusts who can offer ureteroscopies as part of the Upper Tract TCC timed pathway.	Ravi Barod	ON GOING	
17/05/2018	Prostate chemotherapy guidelines to be established	Costi Alifrangis, Karen Tipples, Reena Davda	16/08/2018	
15/11/2018	To write to national prostate ERG raising the pathway boards concerns of the new PSA levels.	John Hines	01/12/2018	
15/11/2018	Abstract regarding Prostate biopsies to be circulated to board.	John Hines/ Greg Shaw	01/12/2018	
15/11/2018	Communicate to board details regarding the bladder pathway audit	John Hines	01/02/2019	
15/11/2018	Amendments to stratified follow up safety net audit to be made	Sharon Cavanagh	01/01/2019	
15/11/2018	NCL stratified follow up documentation to be shared with NEL colleagues	Sharon Cavanagh	01/01/2019	

Attendees

Name	Role	Trust/Organization
John Hines	Pathway Director	UCLH Cancer Collaborative
Clement Orczyk	Associate Professor of Urology and Urologist	UCL/UCLH
Karen Tipples	Clinical Oncologist and Barts Health SMDT lead	Barts Health
Luis Beltran	Pathologist	Barts Health
Vasia Papoutsaki	MRI Physicist	Centre for Medical Imaging – UCL
John Sandell	Patient Representative	
Sharon Cavanagh	Programme Lead – MICA	UCLH Cancer Collaborative
Sarita Yaganti	Cancer Strategy Implementation lead	TCST
Rosie Batty	General Manager	UCLH
Stefanos Almpanis	Urologist	North Middlesex
Veronica Brinton	Patient Representative	
Reena Davda	Clinical Oncologist	Princess Alexandra/UCLH

Name	Role	Trust/Organization
Jeevan Kumaradevan	Radiologist	Whittington
Jacob Goodman	Project Manager	UCLH Cancer Collaborative
Larissa Quinn	Programme Coordinator	UCLH Cancer Collaborative
Victoria Wood	Respect – 21	UCL
Ashoke Roy	Urologist	Royal Free
Thomas Powles	Medical Oncologist	Barts Health

Apologies

Name	Role	Trust/Organization
Gillian Smith	Divisional Director Transplantation and Specialist Services	Royal Free
Jhumur Pati	Urologist	Homerton
Frank Chinegwundoh	Urologist	Barts Health
Ravi Barod	Urologist – Renal Lead	Royal Free
Jane Smith	Patient Representative	