GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

HPB Pathway Board

Date of Meeting: **22 March 2017**
Time of meeting: **14.00hrs – 16.00hrs**
Venue: **Holt Major, Patterson Building, Christie Hospital**
Chair: **Mr Derek O'Reilly**

Attendance	**Representation**
Derek O'Reilly	Pathway Clinical Director
Lucie Francis	Macmillan User Involvement manager
Steve Sawyer	Patient representative
Graham Ward	Patient representative
Melanie Dadkhah-Taeidy	Tameside deputy rep
Vicki Stephenson-Hornby	WWL deputy rep
Chun Seng Lee	WWL
Claire Newton	CNS, CMFT
Debbie Clark	PAT deputy rep
Harry Kaltsidis	UHSM rep
Hans-Ulrich Laasch	Christie
Juan Valle	Christie rep/research lead
Claus Jorgensen	Cancer Research UK Manchester Institute
Lucy Foster	Pathology lead, CMFT
Saurabh Jamdar	CMFT deputy rep
Apologies	
Mairead McNamara	Christie deputy rep
Nicola de' Liguori Carino	CMFT
Rafik Filobbos	PAT rep
Amanda Corfield-Halliwell	Bolton deputy rep
Steph Gooder	SHH, Stockport
Gurvinder Banait	WWL rep

1. Welcome and introductions

Welcome, introductions and apologies
DOR welcome all to the meeting and noted the apologies received.

i) Minutes of last meeting

The minutes of the last meeting were reviewed and approved.

2. Matters arising

Discussion summary	LF enquired about the status of the online patient experience survey that had been developed by the pathway board; specifically whether electronic devices had been obtained for patient use during out-patients
Conclusion	To ensure that patient experience of the HPB service is being captured at CMFT
Actions & responsibility	DOR & CNS team at CMFT

3. Pathology Update; Dr Lucy Foster

Discussion summary	Dr Lucy Foster, Consultant Histopathologist, Manchester Royal Infirmary outlined changes to TNM staging, 8th edition, for pancreas, ampullary & bile duct cancers (see appendix 1). She described specimen preparation and the axial slicing technique. She also outlined forthcoming changes to the Royal College of Pathologists' minimum reporting dataset, including: assessment of carcinomas arising from IPMNs or MCNs; assessment of specimens following neoadjuvant therapy; guidance on pancreatic frozen section reporting; and inclusion of TNM8 staging from 1st Jan 2018. Resection margin status R1 continues to be defined by tumour within 1mm of a margin.
Conclusion	Histopathology reporting if HPB cancer is of a high standard, as confirmed by previous audits.
Actions & responsibility	Implementation of the new TNM (8^{th} edition) definitions into routine pathology reporting at CMFT. On-going audit using the Royal College of Pathologists minimum reporting dataset as standard: LF and HPB Pathology team at CMFT.

4. Streamlining the MDT

Discussion summary	DOR obtained opinions from the board members about how the findings of the CRUK report, 'Improving the effectiveness of multidisciplinary team meetings in cancer services' could be implemented. Specifically, solutions to their finding that there is not enough time to discuss the more complex patients were sought. Recommendations from board members included: removing incidentally detected pancreatic cysts from discussion at the Cancer MDT and management according to the network agreed protocol (appendix 2); reducing the amount of rediscussions by only presenting cases once all work-up had been undertaken; a biobank technician to be a member of the SMDT; better clinical information to be provided; better uploading onto PACS; clarity on the referral as to what the specific question is for the MDT; better MDT minutes; and CNS ability to access the referrer details.
Conclusion	A sub-group to agree proposals on how the HPB SMDT at CMFT be streamlined to allow more time for discussion of the more complex cases and certain cases to be managed by protocol.
Actions & responsibility	**DOR, RF, JV, A Siriwardena**

5. Biliary stenting policy

Discussion summary	The need to provide guidelines to ensure optimal and equitable treatment for all patients presenting with obstructive jaundice, regardless of which hospital they originally presented to, was acknowledged. The fast-track surgery process, whereby patients with operable pancreatic cancer receive surgery within one week, rather than biliary stenting and delayed surgery, has been very successful. The best route

	and technique of biliary stenting for patients with inoperable pancreatic cancer or hilar cholangiocarcinoma needs to be clarified.
Conclusion	A sub-group to agree network-wide guidelines on the indications and preferred method of biliary stenting for the various clinical scenarios.
Actions & responsibility	**HK, HL, Jo Puleston, Rishi Sethi, DOR, A Siriwardena**

6. Pathway board review

Discussion summary	DOR discussed the Greater Manchester Cancer document "Pathway board review", February 2017. Its purpose is to review and strengthen the pathway and cross-cutting boards. Some boards (such as HPB) have been successful at driving clinical collaboration and change, others have been less so. The main focus of boards will be to contribute to the delivery of the objectives within the Greater Manchester cancer plan 2017-2021 and boards will be "held more robustly to account for their performance". An accountability framework will include: "supportive discussions" and annual appraisals for the pathway director with the medical director and supporting team; a requirement to periodically attend meetings of the Greater Manchester Cancer Board and to present to the User Involvement Steering Group; to undergo a formal progress review in spring 2017; and continue to produce and publish annual plans and annual reports. Membership of all boards will be further developed to include: GP representation; other professions and groups; at least two people affected by cancer; a named hospital cancer manager; a named commissioning link. The issue of persistent non-attendance from individuals and/or institutions and the difficulty in encouraging others to engage with the work of the board may be addressed by an application process and a brand new role description for board members will be developed setting out their responsibilities. DOR emphasised that this consists of, at a minimum, ensuring that board members kept all local referring MDTs abreast of the work and developments of the pathway board, by e.g. sharing the minutes and communications in their hospitals. The key actions required of tumour-specific clinical pathway boards are given in appendix 3.
Conclusion	DOR repeated that there would be a reappointment process for the post of HPB Pathway Clinical Director; that they application process had been sent to all MDT and Pathway Board members; and that he encouraged applicants for what should be an open and competitive process.
Actions & responsibility	**All**

7. PRECISION Panc biospecimen process flow

Discussion summary	JV outlined the PRECISION Panc project - a unique UK collaboration – based in Glasgow, Manchester and Cambridge, which aims to develop personalised treatments, to improve the options and outcomes for pancreatic cancer patients. The project aims to speed up recruitment and enrolment of pancreatic cancer patients to clinical trials that are right for the individual patient, with patients being selected based on the genome of their individual tumour. The first wave of research will establish the best way to collect and

	profile patient tissue samples. Each patient will have samples taken from their tumour at diagnosis at Central Manchester University Hospitals NHS Foundation Trust and The Christie NHS Foundation Trust for analysis. Three initial trials planned as part of this initiative will recruit patients from a number of centres across the UK - with the scope to add more trials in the future.
Conclusion	A sub-group to be established to ensure that research biopsies are embedded within our patient pathways.
Actions & responsibility	**JV, DOR, VHS, CJ**

8. AOB & dates of future meetings:

Discussion summary	• 3rd May 2017 10.00- 12.00 HPB Pathway Board meeting, Tameside Hospital • 26th September 2017. 14:00 – 16:00 HPB Pathway Board meeting, Stepping Hill Hospital, Stockport • 30th Nov 2017 14.00-16.00 HPB Pathway Board meeting MINT Seminar room, Manchester Royal Infirmary • 24th January 2018 10.00-12.00 HPB Pathway Board meeting, Macclesfield Hospital

Appendix 1 Changes to the TNM staging system (8th edition)

TNM 8th Edition Pancreas Cancer

- T1 Tumour </= 2cm
  - T1a </= 0.5cm T1b >0.5cm, <1cm
    T1c 1-2cm
- T2 Tumour >2cm – 4cm
- T3 Tumour > 4cm
- T4 Tumour involves coeliac axis, SMA or CHA
- Nx/No
- N1 1-3 LN
- N2 4 or more LN

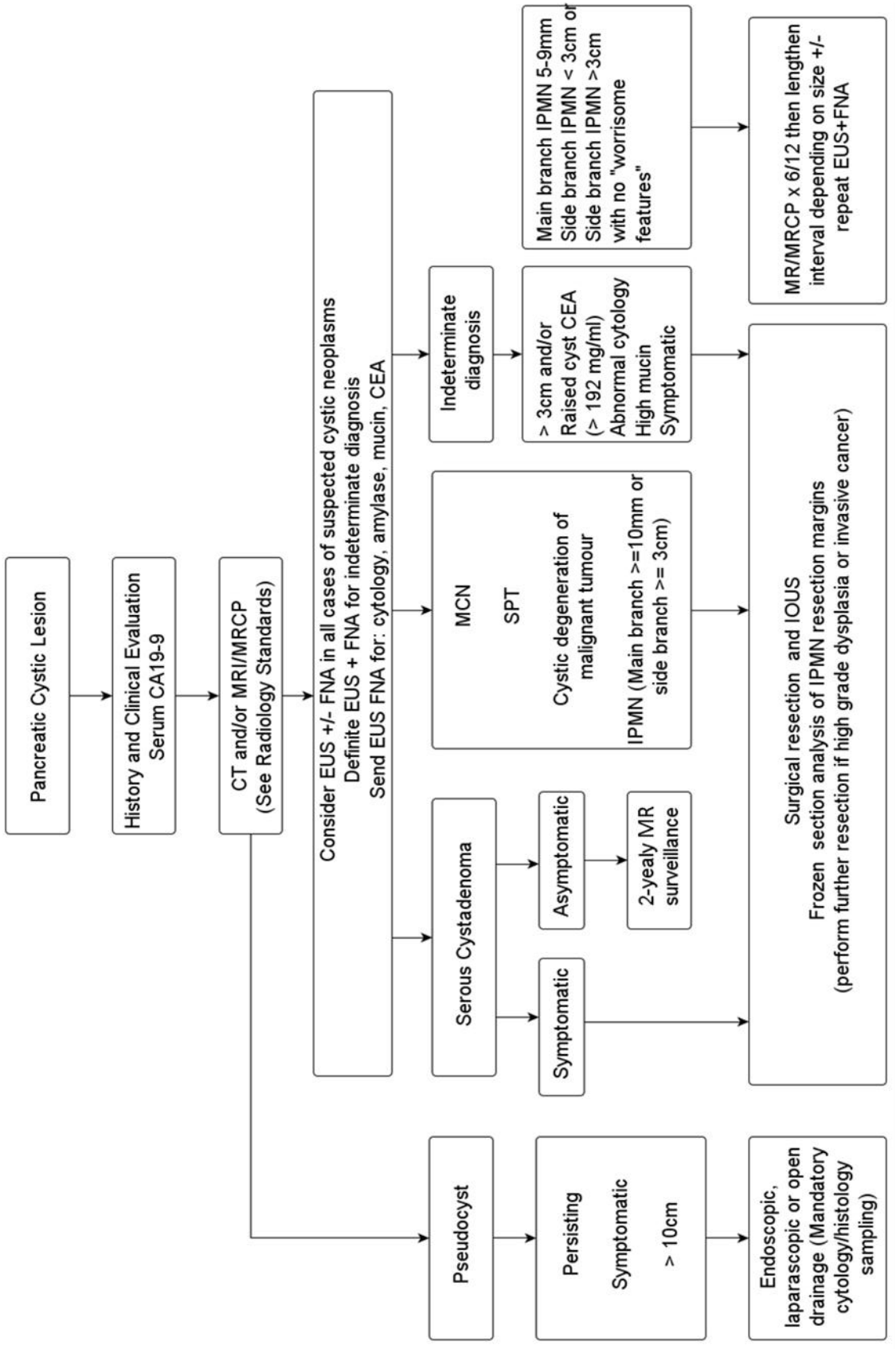
TNM 8th Edition Ampula of Vater Cancer

- T1a Tumour limited to ampulla of Vater or sphincter of Oddi
- T1b Tumour invades beyond the sphincter of Oddi and/or into duodenal submucosa
- T2 Tumour invades muscularis propria of duodenum
- T3 Tumour invades pancreas
  - T3a </= 0.5cm
  - T3b >5cm or into peripancreatic tissue or duodenal serosa but w/o CA/SMA involvement
- T4 CA/SMA/CHA involvement
- Nx/o N1 1 or 2 LN N2 3 or more LN

TNM 8th Edition Distal extrahepatic bile duct

- T1 Tumour invades bile duct wall to a depth <5mm
- T2 Tumour invades bile duct wall depth 5-12mm
- T3 Tumour invades bile duct wall depth >12mm
- T4 Tumour involves CA/SMA/CHA
- Nx/No/N1 1-3 LN/N2 4 or more LN

Appendix 2 Greater Manchester Cancer management algorithm for pancreatic cystic lesions



Appendix 3

Key actions required of tumour-specific clinical pathway boards

	What	When
1	Develop, deliver and monitor system-wide pathways to diagnosis and treatment that **achieve as an absolute minimum the national waiting time standards** for all services with a focus on streamlining the patient journey.	By December 2017
2	Review the **pathway MDT processes** and standardise the approach to streamline the MDT discussions in routine cases and create more time for complex case discussion. Explore sector based and GM based MDT approaches.	By December 2017
3	Review all existing **network clinical guidelines** and make them openly available on the Greater Manchester Cancer website.	By October 2017 and then every two years
4	Work with commissioners, hospital providers, people affected by cancer and other stakeholders to develop and agree an **optimal Greater Manchester specification** for their tumour type.	To a timetable to be set by Greater Manchester Cancer
5	Review and agree system-wide **follow-up protocols** and create a timetable for offering stratified follow up arrangements dependent on risk.	By September 2017
6	Support the **implementation of the Recovery Package** through: • a contribution to the development of a standard Greater Manchester approach, and • the agreement of the pathway-specific content of its elements.	To a timetable to be set by Greater Manchester Cancer
7	Work with the LWBC Board to map the potential **long-term consequences of treatment** associated with the tumour type and map the local expertise available to support patients with these.	By June 2017
8	Ensure that all available **outcomes, experience, research recruitment and operational data** relating to the pathway is transparently reviewed as part of normal board process, with a **focus on sharing data** and reducing unnecessary variation.	By May 2017
9	Maintain oversight and **facilitate recruitment to the 100,000 Genome Project** in appropriate eligible pathways.	From March 2017
10	Provide a **pathway board educational plan**.	By September 2017