

HPB PATHWAY BOARD MEETING

4th meeting of the HPB Pathway Board, 13 November 2014
Central Manchester University Hospital

IN ATTENDANCE	
Derek O'Reilly	HPB Pathway Director
Caroline McCall	Manchester Cancer Manager
Prof. Juan Valle	The Christie NHS Foundation Trust/Research lead
Mairead MacNamara	The Christie NHS Foundation Trust
Mahesh Balme	Bolton NHS Foundation Trust
Amanda Corfield-Halliwell	Bolton NHS Foundation Trust
Kevin Finn	GP Representative
Rafik Filobbos	PAT representative/Radiology lead
Gurvindar Banait	Wrightington, Wigan and Leigh NHS Foundation Trust
Adrian Tang	Radiology, Macclesfield Hospital
Kristy Williams	CNS, Stockport Hospital
Durgesh Rana	Cytopathologist, CMFT
Harry Kaltsidis	UHSM representative
Ajith Siriwardena	CMFT representative
Apologies:	MY Loh, Konrad Koss, Mairead McNamara, Vinod Patel, Martin Prince, Vicki Stevenson-Hornby, Debbie Clark

Agenda Item	Action
<p>1. The minutes of the meeting of 18 Sept 2014 were accepted and agreed as a true record of the meeting.</p> <p>Issues arising:</p> <p>1. DOR gave an update on the status of the Jaundice Pathway: DOR has applied to the ACE fund – a programme funded by Macmillan, CRUK & NHS England. Following a recent meeting with the ACE Programme co-ordinator, we have now been invited to participate in the Vague Symptoms cluster. Confirmation of funding for the Jaundice CNS had been made to the ACE programme (decision awaited).</p> <p>1. The 2015 annual education event will take the form of a joint gastro-intestinal cancer meeting, with presentations by the OG, HPB and Colorectal Pathway Boards. This will be on 31st January at UHSM.</p> <p>2. CPES data has been combined for HPB and upper GI.</p> <p>3. Annual report is now available on the MC website</p>	

<p>4. Membership and assigned roles have also been updated on the Manchester Cancer website</p>	
<p>2. Proposal for a Regional HPB EUS FNA Audit A presentation was made by Dr. Durgesh Rana (Cytopathology Department Central Manchester University Hospitals NHS Foundation Trust), which outlined the proposed metrics (see appendix 1), the Papanicolaou Society of Cytopathology guidelines on standardised terminology for pancreatobiliary cytology (appendix 2), and a proposed prospective EUS audit database. It was agreed that this should be the HPB Pathway Board Regional audit. All centres currently performing Pancreas EUS would be invited to participate, with a nominated lead from each site.</p>	<p>DOR & HK to present details of audit at next Pathway Board meeting.</p>
<p>3. The CMFT HPB service and referral process Prof Ajith Siriwardena outlined the successful merger on Oct 6th 2014 of the two units from NMGH and MRI to provide a new service on the MRI site. The sMDT structure by tumour group was outlined: pancreas, primary hepatobiliary and liver metastases. Clinicians from referring trusts are welcome to attend the sMDT. Each referring trust would have an individual link surgeon (appendix 3). The electronic referral proforma (ERP) is located at https://cmftreferrals.cmft.nhs.uk and was demonstrated.</p> <p>Round table discussion The board heard from each member of the Board on their experience of the merger. The following log indicates each member’s areas of interest or concern:</p> <p>RF: difficulties accessing the service. ACH: difficulty with the cut-off point for referral to the sMDT. The ERP was user-friendly. Suggested that the ERP could replace a referral letter. KW: requested that minutes be sent out immediately after each component part of the sMDT. AT: requested video-linking with the sMDT. HK: has commenced attending the sMDT and has found this useful. This has required a change to his job plan.</p>	<p>DOR will request that Cancer Services at CMFT provide the minutes of the sMDT for each component part immediately, as requested.</p>
<p>4. Consultation on strategy for systemic therapy delivery JV outlined a Proposed new strategy for community SACT delivery from the Systemic Chemotherapy Pathway Board Director, Prof G Jayson. The strategy will be that we move to a model where a consultant prescribes a chemotherapy regimen and that this is then delivered by a chemotherapy nurse either in the centre or in the community. Patients would not be seen by the medical team unless there is a problem or until they have completed the systemic anti-cancer therapy regimen. JV outlined his agreement in principal and that this could commence with patients receiving adjuvant chemotherapy. There are concerns for the Implications for clinical trials of the proposed strategy. The Board agreed that JV should lead on the HPB response.</p>	<p>JV to produce a response to the Systemic Chemotherapy Board on behalf of the HPB Pathway Board.</p>

<p>5. Research</p> <p>JV presented the Quarterly Research Paper from the NIHR Clinical Research Network. We are on track to exceed NIHR Targets and currently 5th nationally.</p> <p>Recruitment Targets:</p> <p>7.5% Cancer/Pre-malignant patients recruited to NIHR interventional trials</p> <p>20% Cancer/Pre-malignant patients recruited to NIHR studies</p> <p>For actual and projected recruitment (see appendix 4).</p> <p>JV offered his expertise to assist any clinician in the region wishing to design or develop a clinical study.</p>	
<p>6. Macmillan, Living with and beyond cancer fund</p> <p>CMC gave a brief overview of Macmillan’s LWABC fund. This is a fund set up in conjunction with Manchester Cancer.</p> <p>This is part of the living with and beyond cancer agenda and is ideas to improve patient’s experience of cancer. A fund has been agreed of at least £90,000. There will be an education/promotional event on Tuesday 18th November at UHSM. Deadline for applications is 31st December.</p>	<p>Applications are sought from any Pathway Board member</p>
<p>7. Survivorship questionnaire</p> <p>ACH outlined progress with the request from the Living with & Beyond Cancer cross-cutting Pathway Clinical Director (Wendy Makin) for baseline data on the provision of services for patients as they approach the end of planned treatment. This is in line with The National Cancer Survivorship Initiative (NCSI).</p> <p>Outstanding questionnaires are required from: CMFT, SRI, Tameside, Macclesfield, PAT and UHSM.</p>	<p>ACH to chase up outstanding responses and present HPB specific data at the next Board meeting.</p>
<p>8. Dates & Venues for Next meetings</p> <p>Future HPB Pathway Board meetings are scheduled to take place at two monthly intervals. These will take place at each of the ten participating Trusts in turn, with the additional feature of a wider meeting/educational event for the benefit of the local MDT. The day of the meeting will alter on a rolling basis.</p> <p>Forthcoming meetings:</p> <ul style="list-style-type: none"> 19/11/2014 - A CMFT HPB Unit and Manchester Cancer Research Event (Appendix 5) 23/01/2015 – Stockport 20/03/2015 - Wythenshawe 06/05/2015 – Macclesfield Sept 2015 – Bolton Nov 2015 - Tameside 	<p>Trust representatives to arrange date, times, appropriate venues and refreshments. Organisation of a lunchtime educational event for the local MDT is encouraged.</p>

Appendix 1

Proposed Metrics for a Regional HPB EUS FNA Audit

- Total EUS numbers
 - HPB (pancreas)
 - upper GI (oesophagus, stomach, duodenum)
 - intra-abdominal/mediastinal lymph nodes
- Adequacy rate
- Number of procedures following inadequate cytology
- Diagnostic rate
 - sensitivity, specificity, PPV, NPV, false positive and false negative
- Diagnostic categories
- Data could be retrospective from Jan 2013 to June 2014.

Appendix 2

Proposed Pancreatobiliary Terminology Classification Scheme (Jan 2015)

- I Nondiagnostic (Panc 1)
- II Negative for malignancy (Panc 2)
- III Atypical (Panc 3)
- IV Neoplastic
 - Neoplastic benign (Panc 4B)
 - Other (Panc 4O)
- V Suspicious for malignancy (Panc 5)
- VI Positive/malignant (Panc 6)

Appendix 3.

CMFT HPB Link Surgeons

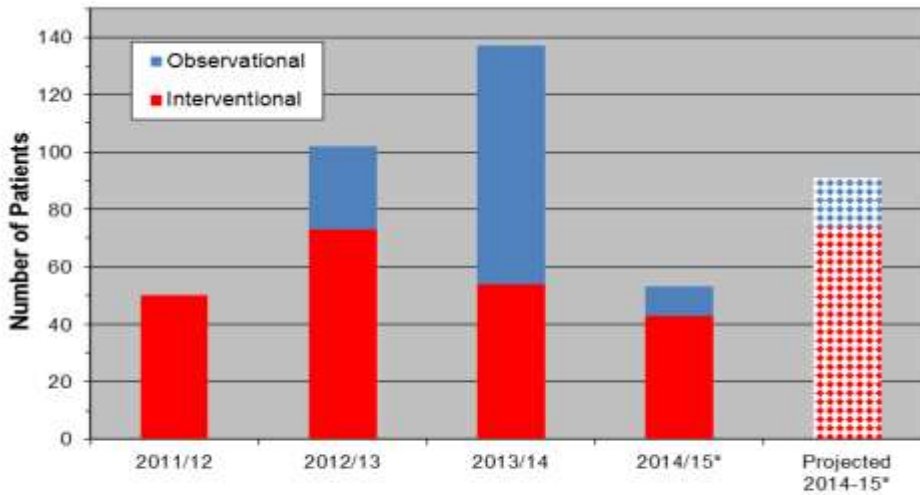
TRUST	SURG			
PAT	DOR	RD	NDLC	ASH
CMFT	ASI	TSAT	SJ	
SRI	NDLC			
UHSM	SJ			
BOLTON	ASI			
MACC	DOR			
WIGAN	RD			
TAMES	TSAT			
SHH	ASH			

Key: ASI, Ajith Siriwardena; ASH, Aali Sheen; DOR, Derek O'Reilly, NDLC; Nicola De'Liguori Carino; RD, Rahul Deshpande; SJ, Saurabh Jambdar; TSAT, Thomas Satyadas.

Appendix 4.

2014-15 HPB Cancer Recruitment Recruitment Performance to 31.10.14

53 patients recruited to Portfolio cancer/pre-malignant HPB studies, including 43 patients to Interventional and 10 patients to Observational studies.



Appendix 5.

A CMFT HPB Unit and Manchester Cancer Research Event

Venue: *The Nowgen Centre, 29 Grafton Street, Manchester, M13 9WU*

Date & Time: *Wednesday 19th November 2014, 18:00 to 20:00 followed by dinner*

Agenda:

1. Dr Opeyemi Sogaolu: Excess adiposity and survival in patients with colorectal liver metastases
2. Dr Minas Baltatzis: Colorectal cancer with synchronous hepatic metastases: Systematic review
3. Miss Jen Barrie: 3000 cases of liver trauma: UK experience of management and outcomes over 9 years
4. Ms Lynne McCallum: Pancreatic malignancy and nutrition: a study of clinical practice.
5. Mr Peter Coe: Pancreatic Cancer Predisposition, Obesity-Related Deposition Assessment using Magnetic Resonance Imaging.
6. Mr. H Shaker: The systemic inflammatory response and survival following resection of colorectal liver metastases
7. Mr Anthony Chan: The Metabolic Phenotype of Pancreatic Cancer and its Link to Cytosolic Calcium Homeostasis and Survival
8. Dr Jorge Barriuso. Using zebrafish to model Pancreatic Neuroendocrine Tumours.

Guest Speaker: Mr. Chris Halloran

Clinical Senior Lecturer, Consultant Pancreato-Biliary Surgeon
NIHR Pancreas Biomedical Research Unit, University of Liverpool

“Pancreatic Surgery and clinical trials”

This meeting is sponsored by Abbott