

Greater Manchester **Cancer**

HPB Pathway Board

Date of Meeting 18th November 2016
Time of meeting 14.00hrs – 16.00hrs
Venue Holt Major meeting room, Paterson institute, The Christie NHS Foundation Trust

Attendance	Representation
Derek O'Reilly	Pathway Director
Graham Ward	Patient representative
Ahmad Mirza	CMFT
Vinod Patel	Tameside General
Melanie Dadkhah-Taeidy	Tameside General
Gary Morris	CMFT
Neil Bibby	CMFT
Karen Ridyard	CMFT
Mairead McNamara	Christie
Juan Valle	Christie
Catherine Moody	Stockport
Rebecca Leon	GP representative
Gurvinder Banait	WWL
Vicki Stephenson-Hornby	WWL
Lucy Foster	CMFT
Claus Jorgenson	CRUK
Andrew Renehan	MCRC
Ellie Badrick	Farr Institute UoM
Apologies	
Sr Sharan Ingram	CMFT
Joanne Puleson	CMFT
Saurabh Jamdar	CMFT
Mahesh Bhalme	Bolton
Hans-Ulrich Laasch	Christie
Aileen Aherene	CMFT
Amanda Corfield-Halliwell	Bolton
Ramasamy Saravanan	East Cheshire
In attendance	
Tom Pharaoh	Greater Manchester Cancer
James Leighton	Greater Manchester Cancer
Lucie Francis	Macmillan GMC user involvement

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. Diabetes and pancreatic cancer - Presentation

Discussion summary	Ellena Badrick (PhD student) Farr Institute@HeRC, Manchester Division of Molecular & Clinical Cancer Science, University of Manchester Manchester Cancer Research Centre (MCRC) presented on New-onset type 2 diabetes & early detection of pancreatic cancer. The broad framework for her work is that obesity and diabetes offer an opportunity for co-diagnosis of cancer or early diagnosis through surveillance. NICE guidelines 2015, taking into account the financial and clinical costs agreed to use a 3% Positive Predictive Value threshold value to underpin the recommendations for suspected cancer pathway referrals. For pancreatic cancer, guidance for referral includes age over 60 with weight loss plus new onset diabetes. New analyses using the Clinical Practice Research Datalink (CPRD) could not confirm a PPV(%) for developing pancreatic cancer among new-onset Type 2 diabetics according to age, smoking and BMI out to 2 years anywhere close to the current NICE threshold
Conclusion	This data does not support a widening of the indications for referral for suspected pancreatic cancer based on the development of new onset diabetes
Actions & responsibility	To revisit current regional HPB TWW referral form. Further agenda item at next Pathway Board meeting. DOR & Dr Sarah Taylor (GP Cancer Early Diagnosis Lead for Greater Manchester)

3. Incorporating PET-CT into PC staging - Presentation

Discussion summary	Prof Juan Valle presented the results of PET-PANC; a prospective, multicentre diagnostic accuracy and clinical value trial of FDG-PET CT in the diagnosis and management of suspected pancreatic cancer. PET-CT provided significant incremental diagnostic benefit in addition to CT in the diagnosis of pancreatic cancer; corrected the staging in 14% of patients; influenced patients in 45%; prevented resection in 20%; and was cost effective.
Conclusion	Implications for Greater Manchester Pancreatic Cancer Pathway will likely need to be incorporated into our current management algorithm. Whether this should occur at the point of initial staging investigations or after MDT review remains to be determined.
Actions & responsibility	Incorporation of PET-CT into revised regional guidelines should be considered upon full publication of the PET-PANC paper and its associated Health Technology appraisal. DOR/JV.

4. The Creation of Greater Manchester Cancer - Presentation

Discussion summary	Mr Tom Pharaoh, Associate Director, presented on the formation of Greater Manchester Cancer Board in September 2016. The purpose is to provide more coherent oversight of the multiple boards and agencies involved in cancer care & delivery in Greater Manchester. A Greater Manchester Cancer Plan will be open for consultation soon and revised infrastructure planned for Spring 2017.
Conclusion	HPB Cancer deaths comprise 9% of the annual cancer deaths in the under 75s in

	Greater Manchester and hence reducing this represent a key priority in achieving its goal of improved cancer outcomes.
Actions & responsibility	Greater Manchester Cancer's draft plan 'Achieving World Class Cancer Outcomes; Taking Charge in Greater Manchester 2016-2021', to be distributed to board members for consultation. TP/DOR

5. Patient Consent & risk prediction- Presentation

Discussion summary	Mr Ahmad Mirza, surgical specialist registrar at CMFT presented on Consent and Risk Prediction before Major Hepato-Pancreatico-Biliary Surgery. Part of the recent impetus for improved consenting processes in surgery arise from the Montgomery (Appellant) vs Lanarkshire Health Board (Respondent) legal judgement [11/03/2015]. The Supreme Court held that there was a duty for a doctor to warn a patient of a material risk inherent in the treatment and that there was a duty for the doctor to discuss this with the patient. The new test for materiality is 'whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would likely attach significance to it'. Recent guidance from the Royal College of Surgeons of England has also been issued: Supported Decision-Making RCS Professional and Clinical Standards: November 2016. To facilitate this, Mr Mirza demonstrated the NSQIP Surgical Risk Calculator, available at: http://riskcalculator.facs.org/RiskCalculator/index.jsp This Calculator estimates the chance of an unfavorable outcome (such as a complication or death) after surgery based upon information the patient gives to the healthcare provider about prior health history.
Conclusion	Improved patient consent processes are important and also an objective of the HPB Pathway Board.
Actions & responsibility	To establish patient acceptability of the tool via the Macmillan User Involvement Group AM/ LF. To undertake further research with the NSQIP tool in comparison with other existing risk prediction tools, using the HPB Unit QIP process and database. AM/LF/DOR.

6. Any other business

Discussion summary	There were no other items of business
Conclusion	
Actions & responsibility	There were no actions.

9. Date and time of next meeting: 24 January 2017, Wigan Royal Infirmary, 14.00 to 16.00