

YORKSHIRE CANCER NETWORK Breast Cancer Group

Minutes of the meeting held on
Wednesday 6th October 2004, 10.30am
Pavilions of Harrogate, Great Yorkshire Showground, Harrogate

Present:	Dr P Carder Mr W Case (Chair) Mr J Price Dr A-M Wason	Bradford Hospitals NHS Trust
	Mrs V Allinson Mr N Sharma	Calderdale & Huddersfield NHS Trust
	Dr A Jones	Craven, Harrogate & Rural District PCT
	Dr G Dyke Mr R Knox	Harrogate Health Care NHS Trust
	D Dodwell Dr S Lane Dr G Velikova	Leeds Teaching Hospitals NHS Trust
	Mr J Ajayi Mr D Ali	Mid Yorkshire NHS Trust
	Mr B Mancey-Jones Dr J Smales	York Hospitals NHS Trust
	Mrs C Ferguson Ms C Lane Mr P Melling Mrs H Ryan Ms F Stephenson Ms V Walker	Yorkshire Cancer Network
	Mr C Button Ms R Patel	Yorkshire Cancer Research Network

1. Apologies for Absence

Professor M Baker, Ms S Downey, Dr M Hughes, Mr I Hutchinson, Dr J Liston, Mr A Nejm, Dr A O'Shaughnessy, Mr J Parmar, Mr S Nicholson and Mr B Tinkler.

2. Minutes of the last meeting

The minutes from the last meeting were agreed as being an accurate record.

3. Matters Arising

- **Chair of the Group**

Mr Ali informed the group that Mr C Irvine had been contracted out of Breast Services at Mid Yorkshire. Mr Case explained that Mr Irvine was the Vice Chair of the YCN Breast Cancer Group and due to take over as Chair at this meeting.

Mr Case agreed to remain as Chair for the next six months. Mr Case highlighted that a Chair for the group is required and asked the group for volunteers.

Action: Mr Case to circulate a letter requesting nominations for Chair of the YCN Breast Cancer Group.

4. Sentinel Node Biopsy

Mrs Ferguson explained that in August Mr Tinkler had circulated a letter and paper from the North East London Workforce Development Confederation regarding support for proposals that all breast multidisciplinary teams receive training in sentinel node biopsy over the next two years.

Mrs Ferguson explained the practical issues for the Network associated with training of sentinel node biopsy, including:

- Identifying and confirming the number of clinical teams in the Network that require training and the timetable for this.
- Identifying teams in the Network that have already been trained.
- Identifying the location of the gamma probe machine.

Dr Lane highlighted that Sentinel Node Biopsy training will be launched on 28th October 2004. There are five national training centres across the country, which includes Leeds. Two national training days will be held provisionally in Leeds, national training days will be set up separately for pathologists. Dr Wason highlighted that there will need to be radiological input in the training of sentinel node biopsy.

It was noted that an ARSAC licence would be required by individuals for sentinel node biopsy. Dr Lane confirmed that an information pack should be distributed from the College.

A discussion followed regarding how Trusts without nuclear medical departments would implement sentinel node biopsy. It was noted that a patient could be referred to another Trust with a nuclear medicine department and then transferred back for surgery.

Mr Case highlighted that discussions need to take place locally regarding funding for equipment and education.

Following discussion it was agreed that the Network would send out a brief letter identifying practical information to be addressed.

Action: Mrs Ryan to circulate a letter requesting practical information regarding sentinel node biopsy. Comments should be returned to the Network.

5. Peer Review Update

Ms Stephenson informed the group that the Quality Measures for Cancer Peer Review were published in July 2004 and are available on the Department of Health website and also accessible via the YCN website.

Ms Stephenson highlighted that the YCN is expected to receive notification of Phase I and II Measures in March 2005, followed by self assessment (by June), pre visits and training of reviewers, with the visits taking place in September and October 2005.

It was noted that CQuINS, the Cancer Quality Information Network System will be used for data management of the National Cancer Peer Review Programme 2004-2007 to avoid the huge amount of paper work that was generated in the last round of Peer Review.

Ms Stephenson highlighted that there are a number of Quality Measures that relate to the functions and working of the Network Breast Cancer Group including the production of an annual report, updating or producing clinical and follow-up guidelines, looking at referral guidelines and carrying out Network audit. There are also Quality Measures that relate to service improvement and user involvement.

Ms Stephenson highlighted that it would be useful for the group to have a plan of action for Peer Review.

Dr Carder confirmed that the Network pathology guidelines for reporting of Breast Cancer will be taken to the YCN Pathology Group meeting on 20th October. When the pathology guidelines are submitted to the Network Breast Group it will be very important to get surgical input on the dataset.

The group agreed that the Network Guidelines for Bisphosphonates, Imaging, Surgical and Non-Surgical Treatment Guidelines for Breast Cancer require updating.

The following people agreed to update the Yorkshire Cancer Network Breast Cancer Surgical Guidelines:

Ms V Allinson
Mr G Dyke
Mr R Knox
Mr B Mancey-Jones
Mr B Case

Mr Button highlighted that one of the Quality Measures requires the group to produce a list of agreed clinical trials. Mr Button will circulate a list at the next meeting for information and comment.

Action: YCN Breast Cancer Surgical Guidelines to be circulated electronically to identified volunteers for comment.

Updated guidelines to be circulated to YCN Breast Cancer Group for comment.

Mr Button to circulate a list of breast cancer clinical trails at the next meeting.

6. Network Breast Cancer Follow-up Project

Mrs Walker updated the group on the Network Breast Cancer Follow-up Project.

Mrs Walker highlighted that she has been working with the YCN Breast Cancer Follow-up Reference Group, which includes professionals and patients from across the Network and had a number of meetings with Breast Care Nurses from Trusts across the Network to assess the feasibility and acceptability of a new, supportive care model of follow-up for low risk breast cancer patients.

The proposed model involves offering a 4 week Breast Cancer Care course on Living with Breast Cancer to all newly diagnosed women who are not receiving adjuvant chemotherapy. After completing the course, patients requiring medical follow-up e.g. those at moderate to high risk of disease recurrence, participants in clinical trials etc, will receive standard medical follow-up.

Patient with low/moderate risk will be transferred to the care of the Breast Care Nurse. The Breast Care Nurse will be responsible for arranging follow-up mammography for these women and will arrange rapid access into the medical clinic whenever necessary.

The pilot study will take place at Leeds General Infirmary from February 2005 for six months. Monthly courses involving 10-12 women will be run so patients can start their programme within 4 weeks of receiving their surgical results and treatment plan.

An in-depth discussion followed. The group supported the project.

Mrs Walker explained that she will be leaving the Yorkshire Cancer Network; therefore any queries regarding the project should go to Ms C Lane at the Network until another Project Facilitator is in post.

7. Family History Update

Mr Case highlighted that he met with Mr Nejim and Dr Chu to discuss the NICE Guidelines on Familial Breast Cancer on 6th September 2004. Mr Case tabled a paper outlining the important issues highlighted at the meeting. A discussion followed.

The NICE Guidance suggests a considerable involvement from Primary Care Teams in taking of family histories and in deciding the referral patterns. Dr Jones highlighted that if GP's were expected to carry out this work it would need to be properly funded.

Mr Knox highlighted that implementation of the NICE Guidance would require much resource.

Mr Ali highlighted that at Mid Yorkshire the Breast Care Nurse runs the family history clinic on a fortnightly basis. Dr Wason highlighted that Bradford use a similar model but there is no method of funding for the screening each year.

Dr Dodwell suggested using one of the successful family history clinic models to produce an overall Network cost and to write to the PCT's requesting resource. The group agreed with the proposed way forward...

Action: Mr Case and Dr Wason to cost Bradford Family History Clinic model to reflect NICE Guidance and write to the PCT.

8. Feedback from Aromatase Inhibitor Meeting

Dr Dodwell highlighted that a meeting took place on 27th September regarding a Network view on the use of Aromatase Inhibitors in early breast cancer.

Following discussions at the meeting the group agreed to draft and agree guidelines for prioritisation of Aromatase Inhibitors for patients at high risk. The document will be circulated for comment to the YCN Drug and Therapeutics Group, the YCN Breast Cancer Group and West Yorkshire Primary Care Organisations (WYPCO).

Action: Dr Dodwell to circulate Aromatase Inhibitor document to the group for comment once complete.

9. Surgical Staffing across the Network

Mr Case asked the group for an update on surgical staffing across the Yorkshire Cancer Network.

It was noted that Ms M Bello will be leaving Leeds at the end of 2004 and Huddersfield is looking for a new appointment.

Mr Case highlighted that Mr Irvine has been contracted out of Breast Surgery in Mid Yorkshire. Mr Ali informed the group that there are difficulties in obtaining another breast surgeon at Mid Yorkshire.

A discussion followed regarding a cohesive approach in the appointment of breast surgeons across the Network.

Mr Case agreed to write to the Regional Adviser of Surgery asking for representation on the appointments committee and to view job descriptions of any proposed appointment.

Action: Mr Case to write to Regional Advisor of Surgery.

10. Audit-First Priority Outcomes

Mr Melling highlighted that Network audit is a requirement for Cancer Peer Review.

A first draft of the First Priority Outcomes Audit was circulated by Mr Melling with the agenda.

Mr Melling highlighted that the template from the BASO audit was used to generate the baseline questions. The dataset will also fulfil the Cancer Registry requirements.

Mr Melling asked the group for their comments on the first priority outcomes audit questions. An in-depth group discussion followed.

Mr Melling suggested holding an extra-ordinary Breast Cancer meeting for each MDT to present the results of the audit.

Action: All of group to send comments regarding audit baseline questions to Mr Melling.

Mr Melling to amend baseline audit questions in light of the comments received and circulate the final version to the group.

11. Staging/ Prognostic Information

A letter from Dr Mike Leahy, Chair of YCN Information Group was circulated with the agenda.

Mr Melling highlighted that the letter encourages Network Groups to consider ways to improve the recording of staging information in a way that the Cancer Registry can pick up, for example in case notes or MDT records and to ask groups if there were other prognostic indicators which Network Groups would be interested in developing.

Mr Melling explained that the first priority outcomes audit would address this issue.

12. Any Other Business

• New Breast Cancer Drugs

Dr Dodwell explained that when a new cancer drug is submitted to local Drug and Therapeutics committees, a Network position for the drug is usually required.

Dr Dodwell asked the group for their views on how to establish a Network position on new breast cancer drugs.

The group agreed that for drugs with limited indications for only a sub-group of patients it is not necessary to involve the whole YCN Breast Cancer Group. In those cases a brief proposal of guidelines will be circulated only to people concerned with this particular treatment. They will be invited to comment within a specified time period and the amended guidelines will constitute the Network view.

Ms Lane informed the group that Mr David Thomson has been appointed as Network Lead Pharmacist.

• Fulvestrant

The YCN Breast Cancer Group agreed that Fulvestrant should be available throughout the Network.

• Cancer Waiting Times

Mr Melling tabled Breast Cancer Waiting Times information for date of urgent referral to date of first seen (21 days), date of decision to treat to date of treatment (31 days) and date of urgent referral to date of treatment (62 days) for the last quarter of 2003/04, total data for 2003/04 and the first quarter of 2004/05.

Mr Melling confirmed that the data is recorded by the hospital where treatment is carried out.

- **Yorkshire Cancer Research Network**

Mr Button introduced Ms Ramila Patel, Yorkshire Cancer Research Network Breast Cancer Clinical Trials Coordinator to the group.

13. Date and Time of Next Meeting

**Tuesday 26th April 2005, 10.30am
at the Pavilions of Harrogate, Great Yorkshire Showground, Harrogate.**