

YORKSHIRE CANCER NETWORK Breast Cancer Group

Minutes of the meeting held on
Wednesday 18th October 2006, 10.30am
The Nidd Room, Pavilions of Harrogate

Present:	Dr J O'Dowd	Airedale NHS Trust
	Dr C Bradley Dr P Carder Mr W Case Ms D Horsman Dr A-M Wason	Bradford Teaching Hospitals NHS Foundation Trust
	Ms V Allinson Dr J Dent Dr J Joffe Mr N Sharma	Calderdale and Huddersfield NHS Foundation Trust
	Dr J Adlard Ms M Callaghan Dr D Dodwell Mr K Horgan (Chair) Dr S Lane Mr M Lansdown Dr S Kumar Dr J Liston Dr T Perren Dr M Sen Dr A Shaaban Dr E Thomas	Leeds Teaching Hospitals NHS Trust
	Mr D Ali Dr P Gudgeon	Mid Yorkshire Hospitals NHS Trust
	Ms J Frazer Mr B Mancey-Jones Mr S Nicholson Dr J Joseph	York Hospitals NHS Trust
	Mr M Child Mr P Melling Mrs H Ryan Mr B Tinkler	Yorkshire Cancer Network
	Ms F Murad	Yorkshire Cancer Research Network

1. Welcome and Apologies

Introductions were made by those present.

Apologies were received from Ms M Allinson, Dr G Coast, Dr M Crawford, Dr J Dachtler, Mr S Duffy, Mr R Linforth, Mr M Modgill, Mr A Nejim, Miss L Phipp, Dr J Smales and Dr G Velikova.

2. Minutes of the last meeting

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

3. Matters arising

3.1 Adjuvant Herceptin

It was noted that the YCN Non-Surgical Oncology Group are not developing a patient information leaflet as NICE guidance has now been published. Most of the Hospital Trusts across the Network are using the Herceptin cancerbackup leaflets. Those Hospital Trusts using locally produced information were asked to liaise with Mr Horgan.

3.2 Data Collection

Mr Horgan confirmed that he has discussed the prophylactic mastectomy register with Dr Chu. Currently there are on-going investigations and assessments with regard to collection of data and confidentiality for patients. The genetics department are very keen to receive data for prophylactic mastectomies carried out across the Network on the basis of family history.

3.3 Breast Cancer Workforce

The group amended and updated the YCN Breast Cancer Workforce document circulated with the agenda. It was agreed to add Research Nurses, MDT Co-ordinators, MDT Lead, Plastic Reconstruction Liaison Lead and current vacancies to the document including a contact number and email.

The document will be reviewed at each meeting.

Action: Mrs Ryan to update the document for next meeting.

3.4 Vice Chair

Mr Horgan highlighted that interest has been expressed for Vice Chair and the group will be updated at the next meeting.

3.5 Terms of Reference

The terms of reference were circulated with the agenda.

Dr Dodwell suggested that the document should formalise the links with the YCN Breast Non-Surgical Oncology Sub-Group.

Action: Mrs Ryan to amend terms of reference and upload onto YCN website.

4. Patient Histology Record Presentation

Mrs Allinson summarised the Calderdale and Huddersfield Breast Histology Audit presentation (previously circulated with the agenda) and tabled the patient histology record booklet.

Group members were asked to forward their comments to Mrs Allinson for feedback at the next meeting.

Action: All to forward comments to Mrs Allinson for feedback at the next meeting.

5. Consent for Core Biopsy

Mr Horgan highlighted that there are ongoing discussions, particularly in Leeds, regarding informed signed consent prior to performing core biopsy and asked the group for a Network view. An in-depth discussion followed.

It was noted that Calderdale and Huddersfield give formal written consent and Airedale are in discussions regarding informed signed consent for core biopsies.

Dr Wason highlighted that the Bradford breast team do not take written informed consent for core biopsies.

Dr Liston highlighted that the issue has been discussed nationally and the consensus view of the committee was that formal written consent was not regarded necessary provided the patient was given full information about the procedure and its consequences. This is also backed by the recent Royal College leaflet.

Dr O'Dowd explained the implications of the Human Tissues Act and the implications of not taking informed consent for core biopsy. An in-depth discussion followed and no decision was reached.

6. Network Working Group – MRI in Breast Disease

Discussed under agenda item 7.

7. Work Programme

The draft YCN Breast Group Work Programme 2006/ 07 was circulated to the group with the agenda for discussion and agreement.

Mr Horgan referred to objective 2. Service Planning and proposed that a sub-group of radiologists from the screening centres (Dr Liston, Dr James and Dr Murphy) would develop a plan to carry out, in collaboration with the Network Board, a comparative review of services for breast screening and services for symptomatic breast cancer.

Mr Horgan confirmed that Mr Knox, Service Improvement Lead is working with Mr Geraint Hughes, YCN Service Improvement Facilitator to explore the option of designating and implementing an audit of waiting times of referral to treatment of all patients, including 2 week waits.

Ms Horsman agreed that the YCN Breast Care Nurses would work to identify patient information needs and develop an agreed protocol.

It was agreed that Dr Dall, Dr Wason and Dr Murphy would carry out a review of the indications and requirements for breast MRI.

Action: Identified working groups to take forward objectives and report back at the next meeting.

8. Cancer Waiting Times

Mr Melling presented the latest breast cancer waiting times data to the group and a discussion followed.

Mr Tinkler referred to the Department of Health 'Seeking Views Exercise On Going Further On Cancer Waiting Times' and asked the group is it was feasible to see all breast cancer referral patients within 2 weeks and should screen detected patients be managed on a 62 day pathway.

The group agreed that they would support all referrals (apart from breast pain/asymptomatic/family history) being seen within 2 weeks and screen positive patients being part of the 62 day target.

9. Patients Discussed at MDT

Mr Melling highlighted that each of the NSSG's are having preliminary discussion on cancer data extracted from the Cancer Waiting Times national database submitted by each Trust. A document was tabled showing:

- The number and % of patients discussed at an MDT compared to the total number of cases.
- The number and % of cases discussed at an MDT pre and post first treatment.

Mr Horgan asked the group to discuss the acceptable benchmark for the percentage of cancers discussed at each MDT for each tumour site and what percentage should be discussed pre/ post first treatment.

The group discussed the data. It was agreed that each MDT Lead Clinician would check their data with locality cancer information leads.

Mr Tinkler highlighted that each of the YCN Lead Clinicians support the audit as a way of monitoring, the audit will be repeated in January and compared to the baseline data.

Action: MDT Lead Clinicians to check data locally.

10. HER2 Testing

Dr Lane explained that the Network HER2 testing service was established in Leeds with full prospective testing for all new breast cancer cases and all metastatic breast cancer cases. The service was originally funded through top sliced funding.

Issues of funding of HER2 testing have arisen in the Network within Pathology due to a new method of charging under Payment by Results (PbR). Leeds are now required to invoice individual Trusts within the YCN for the service.

Dr Lane confirmed that other regions have highlighted that HER2 testing was not part of the original tariff setting and have asked PCT's for collective funding to continue their Network wide HER2 testing on a full prospective basis.

Mr Tinkler highlighted that the issue was initiated by Leeds Trust finance to charge for HER2 based on discussions with commissioners. Mr Tinkler has approached the Specialist Commissioners Group to address the issue and it was concluded that due to tariff and PbR, HER2 testing did not now fit the top slice funding approach.

An in-depth group discussion followed and it was noted that members of the YCN Breast Cancer Group and Non-Surgical Oncologists Group support the continuation of a centrally based service at Leeds to which all new breast cancer patients' tissue would be sent for HER2 testing.

**Action: Mr Tinkler to raise the issue again with specialist commissioning.
Dr Lane to confirm with LTHT finance lead the funding arrangements and inform histopathology colleagues in the Hospital Trusts.**

11. Access to Immediate Breast Reconstruction

Mr Horgan proposed carrying out an audit on access to immediate breast reconstruction across the Network, which would be addressed at a future meeting.

12. Radiotherapy Consent

Dr Dodwell asked the group for their views on the level of information provided to patients on the process of radiotherapy at the stage of breast conservation. A discussion followed without conclusion.

Mr Horgan asked for the YCN Non-Surgical Oncology Sub-group to take this forward.

13. Bone Health

Dr Dodwell highlighted that the YCN Aromatase Inhibitors Policy has been updated in line with the updated licences for individual agents. National guidance is awaited on bone toxicity and bone mineral density.

14. Network Policy on The Use Of Adjuvant Tamoxifen in ER Positive DCIS

Mr Case highlighted that Bradford have been debating the use of adjuvant tamoxifen in ER positive DCIS in breast conserved patients. In light of the NSABP-24 data and the UKDCIS trial data, Mr Case asked if the Network guidelines from 2004 need updating.

Dr Adlard informed the group that he has produced draft guidelines and agreed to circulate to the group for comment.

Action: Dr Adlard to forward draft guidelines to Mrs Ryan for circulation to the group.

15. Any Other Business

- Mr Nicholson asked the group for a volunteer to take on the role of symptomatic representative on the ABS at BASO. Mr Nicholson is staying on as representative for the next year.

16. Date of next meeting

**Tuesday 24th April 2007, 10.30am
at the Nidd Room, Pavilions of Harrogate**