

Present:

Professor D Dodwell	Breast NSSG Representative
Dr J Dent	Colorectal NSSG Representative
Dr D Jackson	Gynae NSSG Representative
Ms J Craig	Health Economist (York Health Economics Consortium)
Dr M Snee	Lung NSSG Representative
Mr G Fell (Chair)	NHS Bradford & Airedale
Ms G Fox	NHS North Yorkshire and York
Mr P McManus	Yorkshire and The Humber SCG
Mr D Thomson	Yorkshire Cancer Network

Apologies

Mr S Duffy, Mrs S Frier, Dr R Johnson, Dr T Perren

1. Welcome and Apologies			
Log No	Action	Lead(s)	Deadline
58	G Fell welcomed the group and apologies were noted. Introductions were made around the table. Satinder Jagdev, Sheryl Sim and Kate Haywood joined the meeting later.	N/A	N/A
2. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
59	The action log from the meeting held on 5th August 2009 was agreed as an accurate record.	N/A	N/A
3. Matters arising			
Log No	Action	Lead(s)	Deadline
60	D Thomson informed the group that Satinder Jagdev had proposed that between she, Dan Stark and other colleagues they would represent the rarer tumour sites at the Gateway Group. G Fell agreed this was a sensible suggestion. D Thomson to feedback to Satinder Jagdev.	D Thomson	25/11/2009
61	Update from log no. 44. D Jackson informed the group that the unresolved issue of excess treatment costs of 'Sunitinib Post Trial' was still outstanding due to the Commissioning Group meetings been cancelled in August and September. S Thornborow to add to the 21st October agenda. D Jackson and/or G Fell to attend the meeting.	S Thornborow	09/10/2009

3. Matters arising			
Log No	Action	Lead(s)	Deadline
62	<p>D Thomson gave an update on the Gateway Launch Event preparations. The event will be split into 2 parts; 1 to launch and introduce the group and to clarify how the group functions against existing national processes. 2; horizon scanning. D Thomson highlighted that the template slides for the speakers are now ready to be circulated.</p> <p>S Thornborow to circulate template slides to the speakers and circulate a Network wide reminder for the Gateway Launch.</p>	S Thornborow	07/10/2009
4. New topic proposals - Pemetrexed in 2nd line NSCLC			
Log No	Action	Lead(s)	Deadline
63	<p>D Thomson discussed the Pemetrexed in 2nd line NSCLC nomination from North Yorkshire and York PCT.</p> <p>NICE have published a positive FAD on 1st line usage and therefore 2nd line usage is expected to diminish.</p> <p>It was therefore agreed Pemetrexed in 2nd line NSCLC would not be added to the work programme. However there may be a small number of patients who did not receive 1st line Pemetrexed due to delays in the NICE decision. The Tri-Network group will be working to produce a recommendation on this subgroup of patients</p>	N/A	N/A
5. Topics under review			
5.1 Gefitinib in mutation positive NSCLC - 1st line			
Log No	Action	Lead(s)	Deadline
64	<p>Mike Snee, Consultant Clinical Oncologist at LTHT discussed in detail the Gefitinib nomination submitted by himself.</p> <p>D Thomson reported that he had received positive responses from the DTCs regarding the 'access scheme'. It was noted however that PCTs felt the scheme presented a lot of risk to an individual PCT.</p> <p>The group agreed Gefitinib needed further discussion prior to making a recommendation.</p> <p>D Thomson, G Fell, M Snee and J Craig to build the case for the review of the drug by the group. S Thornborow to arrange.</p>	S Thornborow	11/11/2009

5. Topics under review			
5.2 Everolimus in metastatic RCC - 2nd line			
Log No	Action	Lead(s)	Deadline
65	<p>Satinder Jagdev, Consultant Clinical Oncologist based at LTHT discussed in detail the Everolimus nomination submitted by herself.</p> <p>D Thomson informed the group that the clinical and safety review by LTHT DTC had been received and that they had supported the use of Everolimus. The NICE appraisal is anticipated to be published in June 2010.</p> <p>J Craig, P Trueman's replacement from the York Health Economics Consortium gave the health economic input. In summary Everolimus was not considered cost effective, with or without the patient access scheme.</p> <p>D Thomson discussed the budget impact model.</p> <p>Following extensive discussion the group's view was not to recommend the routine commissioning of this drug.</p> <p>Everolimus budget impact model paper to be circulated with the Gateway Action Log.</p>	S Thornborow	14/10/2009
66	<p>Following the Everolimus decision the group discussed how it would be beneficial if there could be some form of patient information available to explain how decision are made regarding treatments.</p> <p>S Thornborow to add 'patient information' to next meeting agenda.</p>	S Thornborow	11/11/2009
5.3 Bevacizumab in metastatic breast cancer - 1st line			
Log No	Action	Lead(s)	Deadline
67	<p>At the previous meeting the group was informed that Calderdale and Huddersfield's DTC had approved the clinical data. D Thomson reported that LTHT had responded not in agreement on the basis of limited information regarding overall survival, no significant difference in quality of life compared to patients receiving combination and lack of information regarding the cost effectiveness of Bevacizumab.</p> <p>D Thomson discussed the budget impact.</p> <p>J Craig gave the health economic input. In summary Bevacizumab was not considered cost effective.</p> <p>Following extensive discussion the groups decision was not to recommend the routine commissioning of this drug.</p> <p>G Fell to respond to LTHT DTC.</p> <p>D Thomson to re-circulate the budget impact model with the action log.</p>	G Fell & D Thomson	14/10/2009
5.4 Herceptin beyond progression in metastatic breast cancer			
Log No	Action	Lead(s)	Deadline
68	<p>D Thomson gave a brief update on Herceptin beyond progression, which is a case in conjunction with London Cancer New Drugs Group (LCNDG). LCNDG propose to have a final document with the clinical perspective available by the end of September.</p> <p>D Thomson to update the group at the next meeting</p>	D Thomson	25/11/2009

5. Topics under review			
5.5 Topotecan in SCLC - 2nd line			
Log No	Action	Lead(s)	Deadline
69	<p>G Fell noted that the Gateway Group's recommendation that Topotecan is cost effective and should be considered for routine commissioning across the Network was agreed by the YCN Management Board. It was then sent for consideration by the other 2 Networks in the SHA who broadly agreed the recommendation. There were differences between the Networks in terms of the clinical choice of comparator but this was felt to be a minor difference.</p> <p>It was then sent to SCG. The view from SCG is to delay a decision on a routine commissioning policy pre NICE guidance anticipated to be published November 2009.</p> <p>Clinicians are expected to continue submitting Individual Funding Requests in the interim.</p>	N/A	N/A
6. N3 Tri-Network Forum update			
Log No	Action	Lead(s)	Deadline
70	<p>P McManus gave an update to the group. The view from the Tri-Network forum is to use horizon scanning wherever possible, to plan future spend better.</p> <p>D Thomson highlighted that P Melling, YCN Information Manager has produced a portal on the YCN website listing the YCN regimens. These regimen lists have gone 'live' for comment. This pilot will end in January 2010 when the 3 Networks will compare 'lists'.</p>	N/A	N/A
6.1 Imatinib for adjuvant GIST			
Log No	Action	Lead(s)	Deadline
71	<p>D Thomson discussed the case produced by the North Trent Network. D Thomson queried with the group whether their process was more streamlined than the YCN's. D Thomson asked the group for a view whether a recommendation could be made based on this process and supporting documentation.</p> <p>G Fell asked for the group to continue the discussion via email. The case paperwork to be circulated to support the discussion.</p>	All Members	25/11/2009
7. Specialist Commissioning Group update			
Log No	Action	Lead(s)	Deadline
72	P McManus gave an update from the last SCG meeting.	N/A	N/A
8. NICE update			
Log No	Action	Lead(s)	Deadline
73	<p>D Thomson gave a brief update on NICE. J Craig suggested circulating a document detailing past decisions by the Scottish Medicines Consortium (SMC) to give the group an insight.</p> <p>J Craig to produce and circulate to the group.</p>	J Craig	25/11/2009

9. Horizon scanning			
Log No	Action	Lead(s)	Deadline
74	D Thomson to circulate to the group a document based on LTHT work.	D Thomson	25/11/2009

10. AOB			
Log No	Action	Lead(s)	Deadline
75	No AOB discussed.	N/A	N/A

Date of Next Meeting(s)

Friday 16th October 2009 9:00am
 Weetwood Hall Conference Centre & Hotel, Leeds, LS16 5PS [Educational Event]

Wednesday 25th November 2009 2:00pm
 Committee Room 1, Trust HQ, Ground Floor, St James's University Hospital

Wednesday 27th January 2010 2:00pm
 Committee Room 1, Trust HQ, Ground Floor, St James's University Hospital

Wednesday 17th March 2010 2:00pm
 Board Room, Ground Floor, Trust HQ, St James's University Hospital

Wednesday 19th May 2010 2:00pm
 Seminar Room 2, Cookridge Suite, Level 7, Bexley Wing, St James's University Hospital

Wednesday 21st July 2010 2:00pm
 Board Room, Ground Floor, Trust HQ, St James's University Hospital

Wednesday 22nd September 2010 2:00pm
 Committee Room 1, Trust HQ, Ground Floor, St James's University Hospital

Wednesday 17th November 2010 2:00pm
 Seminar Room 2, Cookridge Suite, Level 7, Bexley Wing, St James's University Hospital