

# YORKSHIRE CANCER NETWORK

## Pathology Group

Minutes of the meeting held on  
Wednesday 13<sup>th</sup> September 2006, 9.00am  
Room 1, YCRN Conference Suite, Cookridge Hospital

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Present:	Dr P DaCosta	Airedale NHS Trust
	Dr P Carder Dr A Manning	Bradford Teaching Hospitals NHS Foundation Trust
	Dr A Gledhill	Harrogate and District NHS Foundation Trust
	Dr S Lane (Chair)	Leeds Teaching Hospitals NHS Trust
	Dr A Anthhanam	Mid-Yorkshire Hospitals NHS Trust
	Ms C Sheard Mr P Melling Mr B Tinkler	Yorkshire Cancer Network

### 1. Apologies

Apologies were received from Dr A Andrew. Dr. Carder was welcomed to the meeting as replacement for Dr. Vian Dabbagh. Dr. Dabbagh is thanked for her services to the group.

### 2. Minutes of the last meeting

The minutes of 10/5/2006 were agreed as an accurate record.

### 3. Matters arising not tabled below

None

### 4. NHS Bowel Cancer Screening Programme (BCSP)

Dr Manning brought the group up-to-date on the government's commitment to the Bowel Screening Programme as a manifesto commitment. Gateshead has been given the contract for our programme hub with responsibility for the local screening centres and the call and recall process for faecal occult blood tests. There will be screening centres which will cover between 500,000 and 2 million people but no pilot site has been confirmed as yet for the YCN. The screening covers people between 60 and 69 years and they will be screened every two years. Those that have strongly positive FOB will be referred to the Screening Centre for colonoscopy and those that are not so strongly positive will have another test. Dr Manning explained how each Screening Centre will be set up where the link will occur with the pathological assessments and locality MDTs.

Those carrying out the colonoscopies will have to be fully trained and accredited.

### 5. Staffing & Pathology Group Representatives Update

Dr Lane listed the names of histopathologists who had so far volunteered to be NSSG representatives for each of the various groups. A representative is still required for Upper GI and Head & Neck and names were suggested for Dr Lane to approach.

It was agreed to develop thyroid guidelines separate to the general Head and Neck guidelines as this will be a separate sub-group (see below) and Dr Lane will approach Dr Gouldesbrough.

Guidelines on Reporting Pathology Specimens from Haemato-Oncology Patients have been completed by the Haematology group and Dr Lane had sent back some comments before they were signed off by the Haematology and pathology NSSGs.

It was agreed that updating of the other guidelines would be usefully led by the new NSSG representatives and this will be brought up at the Network Histopathology Educational Meeting.

**ACTIONS: Ms Sheard to write to Dr Gouldesborough regarding Thyroid Guidelines.**

## **6. Peer Review**

Dr Lane and Dr DaCosta had the annual Pathology Group review meeting with Mr Duffy, amongst which the group Work Programme for 2006/07 was discussed. The items involved were debated by the group and the finalised Plan will be circulated with these minutes.

Mr Tinkler discussed future plans for Head & Neck MDT's and it was agreed that there needs to be a separate NSSG for thyroid. Measures have been published and a sub-group will meet in October.

**ACTION: Ms Sheard to send out Work Programme for approval by email**

## **7. Improving Outcomes Guidance**

### **Colorectal**

The revised IOG was finalised a few months ago. To be discussed at next meeting.

### **Brain & CNS**

This has now been finalised and Network groups are to be formed.

### **Head & Neck**

The Network Action Plan was not agreed by the CAT due to the configuration of the MDT's proposed and Mr Tinkler is reviewing the Action Plan.

The Peer Review measures for Head & Neck cancers have now been published and there is a small sub-group meeting at the beginning of October to review the Network Group measures.

### **Skin**

The Network should receive the proforma for the Action Plan in September/October and the measures should be published at the same time.

The issue of skin lymphoma will need further to be discussion.

### **Sarcoma**

An initial discussion had occurred and a NSSG will convene in January 2007 which will include further discussion about referral routes for patients with bone sarcoma including locality after care and imaging. Leeds has a Specialist Sarcoma MDT.

### **Children & Young Adults**

There is already a combined NSSG with the Humber & Yorkshire Coast Cancer Network. Dr Picton is the Chair of the group and will be working with Ms Stephenson to assess further needs over the next few months. A decision would also be needed on whether young adults, aged 16 – 24, should be able to choose whether they want to be treated by Adult Services or Young Teenage Services.

**ACTION: Mr Tinkler to report back to group on any interim issues before the next meeting**

#### **9. Pathology Modernisation Update**

The Carter report has been received. Leeds has been chosen as one of the pilot sites to look at the costs and implications of different pathology models over the next 18 months. Further information will be given when available.

Mr. Tinkler said that the Project Groups were now on a holding brief until more information is available to the Network from the newly merged NHS management structures. Dr. Lane updated the group that the paperwork for the Urology BMS was well advanced by Dr. Harnden and Mr. Banks and, if funding was still available, a pilot project could be planned.

**ACTION: Dr Lane & Mr Tinkler to discuss pilot funding from Service Improvement**

#### **10. Cancer Waiting Times**

Mr Melling gave an update on the local and national CWT data available. There was a discussion on the Network Server Project with linking of locality servers and Leeds Patient Pathway Monitor system. There remains some variability in locality input of patient demographics which Mr. Melling was trying to progress.

#### **11. Oncore Biosample Donation Network Bid**

Dr DaCosta talked about the project with regard to trials and the need for clarity of communication about the project proposals and their implications for individual Trusts.

**ACTION: To be discussed at next meeting.**

#### **12. Educational Event**

Dr Lane gave an outline of the agenda for the education event due to be held 21st November which was discussed. The group agreed to support the educational event.

#### **13. Any Other Business**

Mr Tinkler discussed HER2 testing and the method by which Leeds Teaching Hospital NHS Trust was charging for testing which Dr Lane will pursue with the Trust Finance Departments. Mr Tinkler advised the group that breast cancer patients should continue to be tested as directed.

**ACTION: Dr Lane to discuss at the next Breast Cancer Group meeting & investigate the Leeds charging process**

#### **14. Date of Next Meeting**

**Wednesday 17<sup>th</sup> January 2007 at 9.15 am  
YCRN Conference Room 1, Ida Nursing Home, Cookridge Hospital**