

# YORKSHIRE CANCER NETWORK

## Thoracic Group

Minutes of the meeting held on  
Thursday 13<sup>th</sup> October 2005, 3.00pm  
Blue Room, Postgraduate Centre, Pinderfields General Hospital

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<b>Present:</b>	Ms J Harrison Dr H Hosker	Airedale NHS Trust
	Mr B Jacob Ms A Harwood	Bradford Teaching Hospitals NHS Foundation Trust
	Mrs H Jones	Calderdale and Huddersfield NHS Trust
	Ms N Bell Dr C Bowker	Harrogate and District NHS Foundation Trust & York Hospitals NHS Trust
	Dr R Bishop Dr M Bond Mr K Papagiannopoulos Dr M Snee	Leeds Teaching Hospitals NHS Trust
	Dr D Currie (Chair)	Mid Yorkshire NHS Trust
	Mr P Melling Mrs H Ryan Mr D Thomson Mr B Tinkler	Yorkshire Cancer Network
	Ms J Love	York Hospitals NHS Trust

### 1. Apologies

Professor M Baker, Dr A Fennerty, Mrs T Greatorex, Dr R Heaton, Dr A Hunter, Dr D Jackson, Dr M Muers, Mr P Plant, Dr R Taylor and Mr A Thorpe.

### 2. Minutes of the last meeting

These were agreed as being an accurate record.

### 3. Matters arising

None.

### 4. Peer Review Update

- **Localities**

There was feedback from all Trusts members following the locality Peer Review visits.

- **Network**

Mr Tinkler highlighted that a Peer Review briefing meeting would follow this meeting for the YCN Thoracic Group members involved in the Network Peer Review Visit on 20<sup>th</sup> and 21<sup>st</sup> October 2005.

- **Policy for Rapid Notification of Cancer**

Dr Currie reminded the group that the YCN policy for the Rapid Notification of Cancer, written by the YCN Imaging Group, was circulated for comment. The policy is still work in progress, any comments should be directed to Dr Currie.

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There was an in-depth discussion regarding the CT scan diagnostic pathway. Ms Love informed the group of the service improvement pilot project at York looking at the provision of CT scanning prior to bronchoscopy. It was agreed to discuss this issue at the next meeting.

**Action: Comments regarding policy for rapid notification of cancer to Dr Currie.**

## **5. Network Leads for Mesothelioma**

Dr Currie reminded the group that at the last meeting the group received a request from Dr M Peake and Dr J Maguire, Joint National Clinical Leads for Lung Cancer regarding the appointment of a Network mesothelioma lead clinician and a nursing lead. Dr Currie had responded to Dr Peake on behalf of the Network, the letter was circulated with the agenda.

Dr Snee highlighted that more should be included on mesothelioma in the Network guidelines taking into account national trials.

Dr Currie informed the group that Dr Muers had offered for his research nurse to collect mesothelioma data on behalf of the Network group. Mr Melling explained that the data is already available from NYCRIS and volunteered to present it to the group at the next meeting. The group agreed to make a decision on the offer from Dr Muers once the group has received the presentation from Mr Melling.

Dr Currie indicated that Dr Muers had offered to take on role of mesothelioma lead for the group. The group supported Dr Muers as the lead.

Ms Bell explained that Ms Marilyn Adams has been the lead for mesothelioma in the YCN Lung Cancer Nurses Group. Ms Bell agreed to ask Ms Adams if she would continue this role on behalf of the YCN Thoracic Group.

**Action: Dr Currie to inform Dr Peake of Dr Muer's appointment.**

**Mr Melling to present data at the next meeting.**

**Ms Bell to approach Ms Adams regarding mesothelioma nursing lead.**

## **6. YCN Approval of New Cancer Therapies**

Mr Thomson, Network Lead Pharmacist briefly summarised the discussion paper regarding the approval and commissioning of cancer chemotherapy and related drugs previously circulated throughout the Network for comment.

A discussion followed regarding inconsistencies in decisions of drug and therapeutics committees.

## **7. Neoadjuvant Chemotherapy for Non-Small Cell Carcinoma**

Dr Crawford had previously asked for the group to discuss neoadjuvant chemotherapy for non-small cell carcinoma and consider amending Network guidelines in this regard.

A discussion followed. Dr Snee favoured use of more neoadjuvant chemotherapy. Dr Currie was concerned that it should not be introduced as a Network policy simply to overcome delays to surgery. He suggested that if the evidence for neoadjuvant chemotherapy was compelling modification to the Network guidelines would be appropriate.

Mr Papagiannopoulos will look at the practicalities of introducing neoadjuvant chemotherapy from the surgical perspective, this may be tricky presently whilst the surgical service is moving from LGI to SJUH. **Dr Snee has kindly circulated an important reference on the subject following the meeting and will be an agenda item at the next meeting.**

**Action: Mr Papagiannopoulos**

## 8. Thoracic Surgery Update

Mr Papagiannopoulos explained that the transfer of thoracic surgery from LGI to SJUH will take place in November. Elective admission will be reduced, the last elective case will take place on 5<sup>th</sup> November. Surgery will commence at SJUH in the third week of November. Mr Papagiannopoulos has asked for cancer operating lists in the private sector during November to make up for the shortfall.

Mr Papagiannopoulos explained the concern that theatre time will not increase despite the expansion in service.

An in-depth group discussion followed regarding histology waiting times, bed capacity and patient pathways.

Dr Currie agreed to write to an appropriate senior manager at Leeds Teaching Hospitals NHS Trust regarding the delays in histology.

**Action: Dr Currie to write to senior manager at Leeds about histopathology delays.**

## 9. Cancer Waiting Times

The latest lung cancer waiting times data for 2 week waits, 31 day and 62 day targets for the last quarter of 2004/05 and the first quarter of 2005/06 was circulated to the group prior to the meeting.

Mr Melling explained that the 31 day and 62 day targets will become live this month (for those patients referred urgently) and in December 2005 (for those patients who are treated).

Mr Melling confirmed that breaches of target will change, it will be the responsibility of the PCT, referring hospital and treating hospital. This will come into effect for the second quarter of 2005.

## 10. PET Scanning in Hull

Dr Currie asked for an update on the provision of PET.

Mr Tinkler explained that Trusts should approach their PCTs on an individual patient basis for PET scanning approval.

Mr Tinkler confirmed that Hull will move from a fortnightly to a weekly mobile PET scanning service in November and Sheffield will have PET facilities available in around 12 months.

Mr Tinkler explained that within the next fortnight there should be discussions locally regarding access to mobile PET. The objective is to have PET available in the New Oncology Wing.

Ms Harwood highlighted that transport costs for patients travelling for PET is a major issue.

**Action: Ms Ryan to circulate Hull PET referral details to the group.**

## 11. YCN-Cancer Event Server

A paper describing the Yorkshire Cancer Network Cancer Event Server was circulated with the agenda for information. Mr Melling explained the event server to the group. A launch event will be held in December and the server will go live in January.

## 12. Service Improvement Update

Dr Hosker circulated a lung cancer service improvement report based on the summary of responses received from Trusts across the Network.

The group agreed to hold a half day workshop in the New Year to share examples of good practice. The YCN Lung Cancer Nurses Group agreed to lead on this linking with Ms Lorraine Cooper, Service Improvement Facilitator.

**Action: YCN Lung Cancer Nurses and Dr Hosker to arrange good practice workshop in the New Year.**

### 13. Lung Cancer Patient Information Leaflets

Ms Jones highlighted that the YCN Lung Cancer Nurses Group are reviewing the patient information leaflets which were produced in 2003 and funded by the Network. They have been submitted to the YCN User Partnership Group for review. Ms Jones asked if the Network would support the funding of the second print run of leaflets.

Mr Tinkler explained that the Network agreed to fund the initial set of leaflets and local organisations would then be responsible for funding re-prints. There will be a discussion at the next YCN User Partnership Group meeting as there is no qualified criteria tool for assessing patient information, therefore the comments regarding the leaflets may be delayed.

### 14. Health Equity Profile

Mr Melling explained that the Public Health Observatory in collaboration with the Cancer Registry recently published a Health Equity Profile on access to secondary care service for lung cancer for West Yorkshire which was circulated with agenda.

Mr Tinkler described the background to the report.

### 15. Any Other Business

- **Erlotinib**

Dr Snee explained that he has emailed all the oncologists in the Network to ensure that a similar submission is made to the local Drug and Therapeutics regarding erlotinib. Dr Snee asked members to remind oncologists to respond to his email.

### 16. Date of 2006 Meetings

Date	Time	Venue
Monday 13 <sup>th</sup> February	3.00pm	Room 1, YCRN Conference Suite, Cookridge Hospital
Tuesday 13 <sup>th</sup> June	3.00pm	Pinderfields General Hospital
Wednesday 11 <sup>th</sup> October	3.00pm	Room 1, YCRN Conference Suite, Cookridge Hospital