

YORKSHIRE CANCER NETWORK

Thoracic Group

Minutes of the meeting held on
Monday 13th February 2006, 3.00pm
Room 1, YCRN Conference Suite, Cookridge Hospital

Present:	Dr M Raashed	Airedale NHS Trust
	Dr S Cheeseman Ms A Harwood	Bradford Teaching Hospitals NHS Foundation Trust
	Dr L Davidson Dr M Snee	Leeds Teaching Hospitals NHS Trust
	Dr P Blaxill Dr D Currie (Chair)	Mid Yorkshire NHS Trust
	Mr P Melling Mrs H Ryan Mr D Thomson Mr B Tinkler	Yorkshire Cancer Network
	Dr A Hunter	York Hospitals NHS Trust

1. Apologies

Ms N Bell, Mr S Bolton, Dr M Bond, Dr A Fennerty, Mrs T Greator, Mr K Papagiannopoulos, Dr M Muers, Ms C Sleigh, 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. Mesothelioma

- **Lead roles, Network information, progress of survey, clinical guidelines**

Dr Currie confirmed that Dr Muers has agreed to take on the role of Mesothelioma Lead Clinician for the group and Ms Marilyn Adams would take on the role on Mesothelioma Nursing Lead, with the support of the YCN Lung Cancer Nurses group Vice Chair (Mr S Bolton at present),

Mr Melling presented to the group mesothelioma incidence and survival data. A discussion followed regarding the collection of mesothelioma data as a subset of LUCADA.

The group discussed the management of mesothelioma in light of recent developments and trials. Dr Currie suggested updating the Network guidelines to promote the different treatment options available for mesothelioma.

Dr Snee explained the MARS and EORTC trial and agreed to circulate the protocols and BTOG data to the group.

Dr Currie explained that Dr Muers had previously circulated a survey of mesothelioma services in Yorkshire.

Action: Dr Currie to inform Dr Muers of discussions, for Dr Muers to discuss with Mick Peake suggestion of collecting mesothelioma data as a sub-set of LUCADA.

Dr Currie to ask Dr Muers to arrange updating of Network guidelines on the treatment options for mesothelioma.

Dr Snee to circulate MARS and EORTC trial protocols and BTOG data to the group.

5. Neoadjuvant and adjuvant chemotherapy for NSCLC

Dr Cheeseman agreed to update the neoadjuvant and adjuvant section of the Network Radiotherapy and Chemotherapy Guidelines for Lung Cancer and Mesothelioma to reflect recent publications.

Action: Dr Cheeseman to write an addendum for the guidelines.

6. Peer Review Feedback

Dr Currie reminded the group that the Network Peer Review Visit took place on 20th and 21st October 2005. The second draft YCN Peer Review report was approved by the Zonal Reference Group on 27th January, the publication date is 7th April 2006.

In the interim period the Network is required to produce a remedial action to address the concerns and further action suggested by the Peer Review visiting team and detailed in the report. The group discussed and agreed a response to the remedial action plan.

Action: Dr Currie and Mr Tinkler to complete remedial action plan in light of discussion.

7. Thoracic Surgery SJUH Update

Dr Currie explained that he is meeting with Ms C Beardshaw, Director of Operations at Leeds, Mr S Duffy, YCN Medical Director, Mr A Thorpe, Mr K Papagiannopoulos and Leeds pathology representatives on 23rd February 2006 to address the issues associated with the transfer of thoracic surgery to SJUH.

8. Leeds Histopathology Delays

To be addressed when Dr Currie meets with Leeds representatives on 23rd February.

9. PET scanning

The Lung Cancer Service Improvement PET scanning questionnaire results were circulated with the agenda. The survey showed that the overall number of patients referred for PET scanning across the Network was increasing.

Mr Tinkler confirmed that the Network will be establishing a PET group to agree the referral guidelines for the use of PET.

Mr Tinkler explained that Mr Sean Duffy attended a PET meeting at Leeds on Thursday 9th February. Leeds has identified a site at Seacroft hospital for a mobile PET scanner, it is intended that this will be available from June/ July 2006. Mr Tinkler explained that there is uncertainty about the mechanism of funding for PET. The Network has been asked to work with Leeds and the PCT specialist commissioning group to decide whether to proceed with the independent sector approach or to go through the specialist commissioning group.

A discussion followed. The group was very concerned about the lack of progress.

Action: Dr Currie to write to Professor Baker regarding the groups concerns including transport issues.

10. Cancer waiting times

Mr Melling presented to the group the latest cancer waiting time data. A discussion followed.

11. Streamlining investigations and avoiding delays

Dr Currie circulated a brief draft pathway for suspected lung cancer to emphasise the difficulty in achieving 62 day target for those patients having PET and mediastinoscopy investigations. A discussion followed on ways to improve the 62 day target, including one-stop lung investigation days.

12. Role of YCN Communication and Referral Protocol

Dr Currie referred to a communication and referral protocol which he had received. The group was uncertain about the origin and purpose of the protocol.

Mr Tinkler clarified that the document relates to an MDT Notification Alerts Communication and Referral Protocol produced by the Trust Cancer Lead Managers. The protocol has been developed to speed up the cancer referrals between organisations to help with cancer waiting times.

A discussion followed, the group was concerned that they had not been involved in the consultation process of the protocol.

13. YCN Server Demonstration

Mr Melling demonstrated to the group the Network Event Server. Local events will take place to launch the server and the Network will notify Network group members when it goes live.

14. Feedback from Nurse Specialists and educational event

Ms Harwood informed the group of the excellent evaluation received from the educational event which took place on 18th November at the Royal Armouries. The Lung Cancer Nurses were disappointed with the input from the lung cancer clinicians and agreed that we need to work more collaboratively at the next event.

15. Appointment of new officers

Dr Currie explained that at the end of July he would come to the end of his tenure as Chair of the group. Mr Papagiannopoulos would take over as Chair and Dr Heaton has agreed to take on the role of Vice Chair of the group.

Dr Currie informed the group that no nominations for Service Improvement Lead role have been received. The nurses were asked to consider taking on the role, Ms Harwood agreed to raise the issue at the next YCN Lung Cancer Nurses meeting.

Action: Ms Harwood to discuss service improvement lead role at the next YCN Lung Cancer Nurses Group meeting.

(Post meeting update - Dr Fennerty has agreed to take on the role of Service Improvement Lead)

16. Service Improvement meeting

Delayed until the Service Improvement Lead has been appointed.

17. Any other business

None.

18. Date of next meeting

**Tuesday 13th June 2006, 3.00pm
at the Blue Room, Post Graduate Centre, Pinderfields General Hospital**