Welcome, introductions and apologies

The pathway director introduced and welcomed new members to the board. First, Mr Colin Jackson as the patient representative, from the Stockport Upper GI cancer support group. Then Dr Sue Liong, who has replaced Dr Rudralingham as a Radiology representative.

The board also noted that Ms Kathryn Place was in attendance as an observer and chair of the CNS group.

Minutes of meeting held on 27th June

The minutes of the board meeting held on 27th June 2014 was accepted as a true record.

Matters arising not on the agenda

OG guidelines review – JL to devise a schedule for the November board to review.

Action JL

One year survival data – JL confirmed that this was still to be completed; it will be brought back to the next board.

Action JL

GP representation – Dr Keld to confirm the details of a potential GP representative

Action RK

Chemotherapy – JL confirmed that the PD for the SACT board will write to the board for their input into what treatments the board feel should be delivered closer to the patient. The board then had a brief discussion on the number of brachytherapy referrals.
OG guidelines review

- Pathology guidelines  Dr Hayes confirmed this is still to be completed and it will be on the agenda at the next meeting of the board.

- Radiology guidelines  Dr Law (AL) gave a presentation on the existing guidelines and how the Radiology units are delivering these. AL put in context the existing guideline and associated guidance from the Royal college of Radiologists.

AL then reviewed the CT protocol used at GM trusts, including fasting and contrast media used. She then informed the board that UHSM used a standard reporting format for upper GI scans. The board felt that this was a good idea and one that should be agreed with other Trusts. AL agreed to explore this with the other units.  

Action AL

The board then had a discussion on the review and agreed that this work should be completed to set a local standard for all of the Manchester Cancer organisations. AL felt that this would take another couple of months to finish and so it will be kept on the agenda of future board meetings.

An issue was raised about transferring CT images via PACS systems. Namely that UHSM is using a system in variance with other Trusts. This then revealed that the Manchester Trusts are not updating the PACS collectively and there is a risk that this could fragment the flow of information between sites. The board felt that this could be significant risk to patients if imaging is unable to seen between Trusts. JV agreed to discuss this with MC medical director.  

Action JV

Transfer of pathology blocks from Manchester Hospitals to the Christie for clinical trials

Dr Hubner (RH) outlined that most patients entering trials were having a pre-screening eligibility assessment molecular based on a biopsy taken previously. There have been a number of delays in accessing the pathology blocks which delays the patient’s inclusion in the trial. He also outlined that there was an increasing number of requests going out from the Christie for the blocks.

Dr Hayes (SH) confirmed that this was a long standing issue and one that seemed to have a significant impact on the resources of the originating Trust’s pathology department. He asked that consideration is given to funding this work from the trial budget. RH agreed to explore this.  

Action RH

JV agreed to raise this with Manchester cancer as it would apply to other pathways and so carried significant risk for all patients recruited into trials.  

Action JV

RH also confirmed that there were now 2 studies that required Her2 testing for gastric and GOJ adenocarcinomas that are resectable. He suggested that Her2 testing should be a standard universal test offered across the board. The board felt able to support this advice. JV, in collaboration with RH, agreed to write to all pathology departments informing them of this change in practice.  

Action JV

Proposed standardised OG cancer surgical pathway review

The board reviewed the tabled draft pathway with a view to having a standardised pathway across greater Manchester. RH raised concerns about patients with metastatic disease having an inappropriate EUS as a result of the way the diagnostics are managed.
She suggested that a decision is made on the need for an EUS after the PET scan is reported or reviewed. Ideally in the period when a staging lap is undertaken. Dr Bhatt had concerns that this may delay patients referred for chemo - radiotherapy.

Dr Willert (RW) raised concerns about ordering the PET and EUS before the case is reviewed at a MDT meeting. He suggested that this is moved to after the first MDT. It was agreed that the EUS and PET was booked together however the PET needs to be reviewed before the EUS is undertaken.

The board had a wide ranging discussion on the implications of managing patients on the draft pathway. In conclusion it was agreed to amend the pathway, circulate to board members for internal consultation and feedback to JL to collate.  

Action All

Low grade dysplasia pathway

Dr Willert (RW) outlined the existing context for managing patients with low grade dysplasia (LGD). He explained that the BSG guidance was for biopsy surveillance of such patients. He explained that a recent trial had reported that patients with confirmed LGD, the majority had then gone onto to progress to high grade dysplasia or cancer.

Relevant NICE guidance has said that radio frequency ablation (RFA) was an appropriate treatment for patients confirmed by two pathologists on two occasions. RW confirmed that for such patients at CMFT all confirmed patients are flagged up and discussed at MDT. They will then have a repeat endoscopy and be seen in clinic to be offered further surveillance or RFA.

The board agreed that this should be the standard process for all organisations so that all confirmed LGD is managed in the same way that HGD is currently managed. There was a then a discussion on the level of expertise required to support this change. RW to write a pathway guideline.  

Action RW

Neo –adjuvant chemo-radiotherapy

JV outlined recent discussions on defining the patients that should be put onto neo – adjuvant chemo-radiotherapy. He confirmed that there was a lack of consensus in the local clinical community on this issue. Dr Bhatt (LB) gave an update on the current literature and thinking on this.

The board then went onto to have a wide ranging discussion on this matter. In conclusion JV asked LB, in collaboration with oncological colleagues, to produce a position statement for the next board that can then be circulated for comment.  

Action LB

Be clear on cancer campaign – for information

The board noted the content of a letter from Public Health England concerning a campaign on OG cancer to be run in February 2015. JL confirmed that this will be co-ordinated by Manchester cancer and the Trust cancer leads.

Educational policy

Dr Hubner reported on the event held at The Christie.

JV informed the board of discussions with the pathway director for Colo-rectal about holding a GP event for all GI cancers to be held in early 2015. Once the agenda has been confirmed it will come back to the board nominees.
JL confirmed that Manchester cancer was also planning a co-ordinated programme of GP education to begin in the New Year.

**Follow-up survey**

JV suggested to the board that the board needs to better understand how patients are currently followed up. He suggested that this would also need to be complemented by work with patients on getting a clearer picture in how and where patients want to be followed up. Louise Porritt and Colin Jackson agreed to draft a patient questionnaire for discussion at the next board.  

**Action LJ CJ**

**Data – update on progress**

JL outlined to the board the plan to pilot the clinical web portal at the Gynae MDT Christie. Dr Hayes gave an update on the dataset for the number of cancers diagnosed across Manchester in the calendar year of 2013. These were –

- **Oesophagus**
  - Adeno = 378
  - Squamous = 203

- **Gastric**
  - Adeno = 371

**Any other business**

JL outlined the innovation fund for projects to support any “living with and beyond cancer” projects. He confirmed that there was £90k available to support any initiative to support such patients. The bid had to be supported and endorsed by the pathway director and the board.

**Date of next meeting**  28th November 2014 14.00 hrs SRFT

**Future meeting dates** - **9th January 15 and 27th February 15**