

Meeting Notes

GYNAE NSSG LEADS MEETING

Ambassadors Bloomsbury, 12 Upper Woburn Place, London WC1H 0HX
London

Friday November 23, 2012 9.30AM – 3.30PM

Welcome & Introduction

- Andy Nordin

The NSSG Leads Group first met in February 2004 under the auspices of the Cancer Services Collaborative. The group was then supported by NHS Improvement – Cancer, and last year was formally adopted by the NCIN, formally incorporating the clinicians' forum of the NCIN Gynaecology Site Specific Clinical Reference Group (SSCRG). Andy acknowledged and thanked the NCIN for funding the meeting and providing administration support. The future of the NCIN is secure beyond April 2013, but the Cancer Networks as we know them will cease to exist and thus the format and name of the group may change following the introduction of the NHS reforms. Responsibility for organising and chairing the meetings will pass on to Andy's successor as NCIN Gynaecology SSCRG when his tenure ends in 2014.

INVITED SPEAKERS SESSION

- **Cancer Services and NHS Reforms**

- Stephen Parsons, Director, National Cancer Action Team

Stephen presented an overview of cancer services following the NHS reconfiguration in April 2013. Details of gynae oncology commissioning remains unclear, but it appears likely that it will be included in central specialist commissioning, with local implementation administered via 12 Strategic Clinical Networks.

Please see presentation pdf

- **COSD Goes Live: Implementation of the new national cancer data sets**

- Di Riley Associate Director, Clinical Outcomes Programme, NCIN

Di presented an overview of the COSD dataset, to be implemented from January 2013.

Please see presentation pdf

- **Improving Early Diagnosis of Ovarian Cancer Public Awareness Campaign 2012/13 & Gynae Patient Reported Outcome Measure (PROM) project**

- Jo Partington, Cancer Survivorship Team Leader, Cancer Policy Team, DH

Jo presented an update on the Department of Health cancer public awareness campaigns, including ovarian cancer pilot projects currently underway. She also reported on the patient reported outcome measures (PROMS) pilot projects, including the ovarian, uterine and cervical cancer PROMS project which will report in the Spring.

Please see presentation pdfs

FIVE MINUTE UPDATES SESSION

- **NICE Review of IOG – low risk endometrial cancers**

- Andy Nordin

Khalid Ashfaq, Research Analyst, Centre for Clinical Practice, NICE

Andy presented a proposal from Mark Baker, NICE Director Centre for Clinical Practice, regarding a possible revision of the Improving Outcomes Guidelines for the management

of low risk endometrial cancer. An expert advisory group has been assembled, and NICE proposes the following process:

1. Production of a briefing paper on the low risk endometrial cancer section including the following information
 - Background to guideline
 - Methodology of review
 - Updated epidemiology
 - Service audit
 - Word summary of new evidence
 - Tables of scoping search literature and high-level search in an Appendix
 - Related NICE guidance table in an Appendix
2. Production of a questionnaire based on the briefing paper and send to advisory group in order to:
 - Collate views and opinions on the proposed topic areas for update
 - Collate views and opinions on any other topic areas that need updating, with sound justification
 - Enable submission of any relevant data and evidence

Khalid stressed that this initial phase is intended to assess whether there is a need for a formal revision of the IOG with regards to low risk endometrial cancer, and that a revision is not agreed or planned at this juncture.

The underlying basis for the exercise is a recognition of anomalies in the IOG, which indicates that management decisions and surgery for low risk cancers can be taken in diagnostic localities and local (ie non-specialist) gynaecological cancer MDTs, but the designation of a case as low risk can only be confirmed on the post-hysterectomy histology (wrt tumour grade and depth of invasion).

Views were sought from the group. Whilst opinion was divided regarding the need for a review of the IOG and the appropriateness of local surgery for low risk endometrial cancer, the majority of the group was strongly opposed to the intervention from NICE. These views will be passed back to NICE by Khalid. The expert advisory group will be issued with the briefing paper and questionnaire shortly.

○ **Peer Review update**

- James Heasman

James presented the 2012 gynaecology peer review report.

Please see presentation pdf

○ **NICE thromboprophylaxis RCT proposal update**

- John Murdoch

John reported that the proposal for a gynae oncology thromboprophylaxis RCT had not been successful in gaining the required national funding and support, and the project has therefore been abandoned. A straw poll suggests that thromboprophylaxis practice varies substantially amongst NSSG Leads Group members.

○ **Vulval melanoma dermatology proposal**

- Andy Nordin (for Lynn Hirschowitz) & Trent Registry

Andy reported that Julia Newton-Bishop, Chair of the Skin NCIN SSCRG, has approached the gynaecology group to raise issues regarding the management and data collection for vulval melanoma. Discussions between Julia and Lynn Hirschowitz resulted

in a recommendation for the melanoma dataset to be completed by pathologists in addition to the vulval cancer data items, and for recommendation of peer review of pathology by specialist skin pathologists. There was a unanimous view from the NSSG Leads that the surgery and overall management of vulval melanoma should remain within the remit of the gynae oncology MDT, but liaison with the skin / melanoma MDT for an opinion regarding the need for adjuvant management / potential for trials recruitment etc is appropriate.

- **Gynae sarcomas & vulval melanoma pathways**

- Andy Nordin

Andy reported that the Sarcoma NCIN SSCRG and lead registry drafted a NCIN report on gynaecological sarcomas, which was forwarded to the Gynae SSCRG for review. This highlighted issues regarding communication, interaction and opinion between sarcoma and gynae MDTs in the implementation of Sarcoma IOG with regards to gynaecological sarcomas. Rob Grimer, Chair of the Sarcoma SSCRG, has had extensive constructive dialogue with Andy regarding measures to resolve these issues. It is recommended that the sarcoma dataset be completed by pathologists in addition to the relevant gynaecological cancer data items, and peer review of pathology should be performed by the specialist sarcoma MDT pathologists. The establishment of "virtual gynae sarcoma MDTs" would ensure that specialist gynae oncology opinion was available to inform advice for management of these cases, and would fulfil IOG requirements. However, discussions regarding this proposal have been deferred until the new specialist commissioning arrangements are in place next year. It was emphasised that most gynaecological sarcoma surgery is performed routinely by gynaecologists / gynaecological oncologists (hysterectomy for uterine mass ? fibroid and resection of ovarian tumours), and that the diagnosis is only made post-operatively in the majority of cases. Referral of non-gynaecological pelvic sarcomas for surgery by specialist sarcoma teams was supported, but routine gynaecological surgical procedures such as pelvic or groin lymphadenectomy, where indicated, should be performed under the auspices of the specialist gynae oncology MDT. There was a unanimous view from the NSSG Leads that the surgery and overall management of gynaecological sarcomas should remain within the remit of the gynae oncology MDT, but liaison with the sarcoma MDT for an opinion regarding the need for adjuvant management / potential for trials recruitment and for specialist medical therapies is appropriate.

- **Germ Cell Tumours supra-regional service proposal update**

- Michael Seckl

Michael reported that agreements had been reached for centralisation of the medical management of immature germ cell tumours, and that recommendations for nationally agreed pathways should be published next year. The teams would function on a shared care basis, in collaboration with referring specialist gynae MDTs.

- **Supra-regional pathways – trachelectomy & post-radiation exenteration**

- Sean Kehoe

Sean discussed the proposal for development of supra-regional pathways for the management of rare tumours and for the centralisation of uncommon surgical procedures such as radical trachelectomy and post-radiation exenteration. Nick Reed identified uncommon clinical oncology interventions which should also be subject to supra-regional pathways. Andy Nordin reminded the group that the gynae oncology community's submission to the Cancer Reform Strategy in 2007, developed following wide consultation with BGCS members and NSSG leads, proposed centralisation of rare procedures such as trachelectomy and post-radiation exenteration by 2012. There was unanimous support from the group for this proposal, and Sean will convene a working group on behalf of the

BGCS and NSSG Leads to develop the work. It was acknowledged that the introduction of Strategic Clinical Networks in 2013 may facilitate the implementation of this process.

- **BGCS Guidelines Group update**

- Sudha Sundar

Sudha is the new chair of the Guidelines Group, working on behalf of the BGCS and the NSSG Leads. She was unable to attend the meeting, but her update was presented to the group by Andy:

Joint RCOG/Vulval cancer guidelines are in late stages of development and should be released in 2013. We have also feedback from the suggested flowchart for managing primary care/secondary care interface for referrals for raised Ca125 and this should be on the internet for comments in Jan 2013. Joint BGCS/BSGE endometrial hyperplasia guidelines are under development and we plan on tackling endometrial cancer guidelines next. The guidelines group is particularly keen on attracting fellows/subspec/research fellows who can work on parts of the guideline under direction - for systematic searches of evidence etc. In turn, they will have something positive to attach to their CV's and gain valuable experience in guideline development - if interested, email Sudha s.s.sundar@bham.ac.uk

- **Manpower update**

- Anil Tailor

Anil presented the data from his survey of manpower issues in gynae oncology centres across the UK.

Please see presentation pdf

- **Gynae Oncology Surgical Group update**

- Stephen Dobbs

Stephen presented an update on the British Surgical Gynaecological Oncology Group

Please see presentation pdf

- **Subspecialty Training**

- Stephen Dobbs

Stephen presented an update on the Gynaecological Oncology subspec training, on behalf of Raj Naik who is a member of the RCOG Subspecialty Committee

Please see presentation pdf

MEET THE CHARITES SESSION

- **Target Ovarian Cancer Pathfinder 2 Study**

- Annwen Jones, CEO, Target Ovarian Cancer
- Frances Reid, Director of Public Affairs & Communications, TOC

Annwen presented new patient support literature, available to clinical teams from the charity free of charge. Frances presented the Target Ovarian Cancer Pathfinder 2 Study

Please see presentation pdf

NCIN SESSION

- **UKGOSOC surgical complications & outcomes audit update**

- Rema Iyer

Rema presented the provisional analysis of the UKGOSOC data on some 3000 surgical procedures. The data will be published in due course. The project now requires funding in order to integrate the data collection with routine NHS data sources, in order that the process can become integrated into clinical practice.

- **NCIN Gynae Hub website**
Feasibility analysis of HES data for laparoscopic surgery in endometrial cancer
 - Rebecca Elleray, Principal Cancer Intelligence Analyst, Trent Cancer Registry
Rebecca presented the NCIN Gynae Hub website, which houses data items easily accessible to clinical teams and the public, and links to NCIN and relevant websites. She also presented a feasibility analysis of HES data for laparoscopic surgery in endometrial cancer, which suggests that this data can be extracted by Trent Registry. Data for each clinical team could be made available for assessment as a Clinical Line of Enquiry for the next round of National Cancer Peer Review, but will require local validation as the analysis is dependent on codes utilised for minimal access surgery.
Please see presentation pdf

- **NCIN Endometrial Cancer Surgical Mortality Analysis**
 - Carolyn Gildea, Principal Cancer Intelligence Analyst, Trent Cancer Registry
Carolynn presented an analysis of mortality from endometrial cancer surgery, which will be published shortly. This analysis shows a very low perioperative mortality rate, which has fallen over the two time periods analysed.

- **NCIN Routes to Diagnosis Analysis**
Profile of Cervical Cancer in England: Incidence, Mortality & Survival
Profile of Ovarian Cancer in England: Incidence, Mortality & Survival
 - Jason Poole, Head of Cancer Analysis, Trent Cancer Registry
Jason presented these NCIN reports. The review of routes to diagnosis of gynaecological cancers will be published by Trent Registry and the NCIN Gynae SSCRG shortly, and the ovarian and cervical cancer reports were published this autumn and are available on the NCIN website. The ovarian report showing a reduction in ovarian cancer mortality was published this week, and generated significant media interest
Please see media coverage pdf

CLOSING SESSION

- **Suggestions for agenda items for next meeting**
 - *new National Cancer Director*
 - *NHS Framework Domains clinical leads*
 - *specialist commissioning lead*
 - *coding & HRG tariff*
 - *Rob Grimer- sarcoma commissioning*
Please notify Andy Nordin of suggestions for other agenda items

- **Provisional Date of Next Meeting: Friday May 17, 2013**

WEBSITE DETAILS:

Please note that the BGCS has kindly arranged a page for the NSSG Leads and Gynae NCIN groups on the BGCS website: <http://www.bgcs.org.uk/professionals/ncinnssg/>

Presentations and attachments detailed above will be uploaded to this site, and will not be emailed with the meeting notes. The site is not password protected. Presentations will also be available on the NCIN website.