Kent and Medway Cancer Collaborative

**Thyroid Tumour Site Specific Group meeting**
**Friday 6th September 2024**
**Courtyard Meeting Room, Ashford International Hotel, Ashford, TN24 8UX**
**09:30 - 12:30**
**Final Meeting Minutes**

| Present | Initials | Title | Organisation |
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| Chris Theokli **(Chair)** | **CT** | Consultant ENT Thyroid Surgeon | EKHUFT |
| Nicola Chaston | **NCh** | Consultant Cellular Pathologist & Associate Medical Director for Diagnostics | EKHUFT |
| Eranga Nissanka-Jayasuriya | **ENJ** | Consultant Head & Neck Histopathologist | EKHUFT |
| Robert Hone | **RH** | ENT Consultant | EKHUFT |
| Susan Honour | **SH** | Macmillan Lead Head & Neck and Thyroid CNS | EKHUFT |
| Elizabeth Hall | **EH** | Principal Clinical Scientist, Clinical Biochemistry | EKHUFT |
| Gemma McCormick | **GMc** | Consultant Oncologist | KOC / MTW |
| Milena Truchan | **MT** | Head & Neck CNS | MTW |
| Sarah Eastwood | **SE** | Macmillan Personalised Care Project Manager | MTW |
| Bindu George | **BG** | Head & Neck CNS | MTW |
| Luisa Roldao Pereira | **LRP** | Advanced Clinical Practitioner | MTW |
| Nadine Caton | **NCa** | Consultant ENT | MTW |
| Ritchie Chalmers | **RC** | Medical Director | KMCA |
| Jonathan Bryant | **JB** | Clinical Lead / GP | KMCA / NHS Kent & Medway ICB |
| Karen Glass | **KG** | Administration & Support Officer | KMCA & KMCC |
| Annette Wiltshire | **AW** | Service Improvement Lead | KMCC |
| Colin Chamberlain | **CC** | Administration & Support Officer | KMCC |
| Sam Williams **(Minutes)** | **SW** | Administration & Support Officer | KMCC |
| Navdeep Upile | **NU** | Consultant Otolaryngologist Head and Neck Surgeon | MFT & QVH |
| Adam Gaunt | **AG** | Consultant ENT Surgeon | MFT |
| Jeremy Davis | **JD** | ENT Consultant | MFT |
| Suzanne Bodkin | **SB** | Cancer Service Manager | MFT |
| Debbie Hannant | **DH** | Macmillan Head & Neck CNS | MFT |
| **Apologies** | | | |
| Nicola Perry | **NP** | GP | NHS Kent & Medway ICB |

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| Vikram Dhar | **VD** | ENT / Head and Neck Consultant Surgeon | EKHUFT |
| Pippa Enticknap | **PE** | Deputy General Manager - Cancer, Clinical Haematology & Haemophilia | EKHUFT |
| Alistair Balfour | **AB** | Consultant ENT, Head & Neck and Thyroid Surgeon | EKHUFT |
| Ali Al-Lami | **AAL** | Consultant ENT / Head & Neck Surgeon | EKHUFT |
| Maria Acosta | **MA** | Consultant Physician in Nuclear Medicine | MFT |

| Item | | Discussion | Agreed | Action |
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| **1.** | **TSSG Meeting** | **Apologies**<br>• The formal Apologies are listed above.<br>**Introductions**<br>• CT welcomed the members to today's face to face meeting and the group introduced themselves.<br>• If you attended this meeting and are not captured on the attendance list above please contact Samantha.williams23@nhs.net directly and the distribution list will be amended accordingly.<br>**Review previous minutes**<br>• The final minutes from the previous meeting which took place on the 7th March 2024 were reviewed and agreed as a true and accurate account of the meeting.<br>**Review Action Log**<br>• The action log was reviewed, updated and will be circulated to the members along with the final minutes from today's meeting. | | |
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| **2.** | **Dashboard** | **<u>Update provided by Chris Theokil</u>**<br><br>• CT explained that David Osborne has tried to break down data sets, this data will be updated once a month and CT thanked David who is keen to have feedback. The data is taken from Infoflex. EKHUFT/MTW data is not as accurate – due to coding issues.<br><br>• MFT is doing better than the other trusts and SB mentioned that their MDT Co-ordinator and Pathway Navigator have time to work on data completion.<br><br>• 2ww Proforma – Thyroid is on the same proforma as Head and Neck which is why the data cannot be split.<br><br>**Action - An MS Teams call to be set up with David Osborne, NU, JD, SB and Madison Corse to discuss data requirements.**<br><br>• JD stated that MTW has better 62-day performance compared to EKHUFT and MFT. He noted MTW downgrade to an alternate pathway for Thy3. This has not had K&M wide agreement.<br><br>• Thy3 – take these patients off (20-30% - risk of having cancer) and put on an alternative pathway – at MTW these patients are tracked. SH is not keen to support taking these patients off of the 2ww pathway if there is a risk of them having cancer.<br><br>**Action - CT discussed turnaround time to surgery at MTW on the alternative pathway – 2-3 months. NCa to provide an audit for the next meeting.**<br><br>**Action – CT asked for 'Should Thy3s go on to cancer pathways', to be an Agenda Item at next meeting.**<br><br>**Action – AG to present MFT Surgical Data at next meeting.**<br><br>• RC highlighted that it is very important to have accurate data collection, so that trusts are paid for all the services they provide. It would be useful to keep a count of the number of thyroids treated on a monthly basis across the trusts. | | **Data Pack circulated to the group on Wednesday 4th September.**<br><br>**DO/NU/JU/SB**<br><br>**NCa**<br><br>**AW**<br><br>**AG** |

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| | | **Action – CT asked each Trust to look at their Thyroid and Hemi-thyroid Surgery numbers per month, for tracking purposes.**<br><br>• Improvements suggested for the Dashboard were as follows :-<br><br>i) Remove parathyroid surgery as a percentage of surgery – from dashboard indicator list.<br>ii) Add cyto-histopathology investigations regarding biopsy rates.<br>iii) Radio-Iodine– to note how many doses are given to patients.<br><br>**Action - CT to ask David Osborne to pull the Southeast and National Data set.**<br><br>**Action - CT asked all members to provide an update for additional data required for the dashboard.**<br><br>JD suggested the National Consultant Programme to look at data, number of procedures/compare across trusts – readmission rates/overnight stay etc. | | **ALL TRUSTS**<br><br>**CT**<br><br>**ALL** |
| **3.** | **2ww Proforma** | • No update provided. | | |
| **4.** | **Clinical Reference Group Discussions** | **<u>Update provided by Chris Theokil</u>**<br><br>• RC stated that the CRG will drive forward action planning, support David Osborne, optimise pathways, MDT reform and help with strategy for the next 5 years.<br><br>• CT outlined that 0.5 APA will be renumerated for members to meet once a month via Teams for one hour to discuss pushing plans forward in your specialism and field. CT welcomed Radiology interaction and representation.<br><br>• NC is happy to support on behalf of Pathology.<br><br>**Action - AW will re-send the Expression of Interest.** | | **AW** |

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| **5.** | **Clinical Audit Updates** | • No update provided. | | |
| **6.** | **Stratified Pathway Updates** | **<u>Update provided by Chris Theokil and Sue Honour</u>**<br>• SH stated that at EKHUFT the change of guidance and follow up has driven change for Thyroid patients. 100 patients have been discharged over the last year/18 months. Patients have been personally telephoned, advised of their red flag symptoms and discharge information has been sent to their GP. All are vetted, working with the Infoflex team.<br>• All patients who are on the pathway are discussed at MDM, to reduce TSH suppression, they are sent an introductory letter and leaflet regarding the self-management programme and are advised of their next blood test and a reminder letter is also sent. Six patients are currently on the programme. Patients are happy and they are given a contact CNS line at EKHUFT. Treatment Summaries have started for patients.<br>• MTW confirmed that for all new patients they are not carrying out treatment summaries yet. At MFT Maria follows Thyroid patients up with a nurse led follow up clinic.<br>**Action – CT requires an update on data/numbers from MFT.** | | **DH** |
| **7.** | **CNS Update - All Trusts** | **<u>EKHUFT</u>**<br>• Full team in place - Band 8, Band 7, Band 6 and 2 x Band 4's.<br>**<u>MTW</u>**<br>• Faster Diagnosis Pathway is being rolled out. 1 CNS in team. GMc reported that they did not have a dedicated Oncology CNS.<br>**Action – CT stated that Oncology CNS support is crucial and there is a need to look into the provision of CNS's across the Trusts. RC will look into this.** | | **RC** |

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| | | **MFT**<br><br>• The team have 2 x Band 7, 1 x Band 4, covering Head and Neck and Thyroid. They have no specialist knowledge for medicine side-effects from a nursing perspective.<br><br>• No CNS update was provided by QVH. | | |
| **8.** | **Research Update** | **Update provided by Maria Acosta – via email prior to the meeting**<br><br>**Trial Updates**<br><br>HoT trial doing well, 9pts recruited, planned to continue, still open for recruitment, aiming for double figures.<br><br>INSPIRE trial, going very slow, will update at next meeting, requires further images and patients not too keen on.<br><br>Ca Breast relation with Ca Thyroid, need to increase data, ideally, we should be able to get data from the three Trusts, if any nominations? or get data sent to me? We can discuss at next meeting.<br><br>• CT added that the HoT trail is the 4th largest, there was a plan to recruit 3 but we are now on 9.<br><br>**Action – CT will ask MA to present these trials at the next meeting/genetic association.** | | **CT** |
| **9.** | **Validation of Digital Pathway across KMPN** | **Presentation provided by Nicola Chaston**<br><br>• The presentation provided an overview of the following :-<br><br>• The difference between the Analogue and Digital Workflow in Pathology.<br>• Benefits of Digital Pathology. | | **Presentations circulated to the group on Monday 9th September.** |

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| | | • Efficiencies and Improved Workflow<br><br>iv) Reduced Case Transfer Times between the Laboratory and the Diagnostic Pathologist.<br>v) Improved workload allocation.<br>vi) Rapid case tracking, archival and retrieval.<br>vii) Clearer diagnostic audit trials.<br>viii) Increase diagnostic efficiency.<br><br>• Improved Workforce Factors and Collaboration<br><br>i) Potential for more flexible patterns of work, helping to optimise working hours.<br>ii) Recruitment and Retention.<br>iii) Ergonomic advantages for Pathologists.<br>iv) Improved teaching and mentoring.<br>v) Facilitate MDT Teams.<br><br>• Improved Patient Safety<br><br>i) Faster diagnosis of urgent cases.<br>ii) Faster access to external second opinion.<br>iii) Faster access to molecular testing.<br>iv) Reduced risk of patient/slide misidentification errors.<br>v) Reduced risk of tissue/slide loss or damage.<br><br>• Evolving Technology/Research & Development Opportunities<br><br>i) Enabler of emerging technology, such as AI.<br>ii) Archive of images will be a valuable resource for research purposes.<br><br>• Initial Implementation Impact<br><br>i) System training will be provided by supplier with ongoing support from the Kent and Medway Pathology Network team. | | |

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| | | ii) Each pathologist needs to verify their digital reporting against their analogue reporting to ensure clinical care level continuity.<br>iii) This will impact the rate of reporting for the duration of the verification which will vary for each pathologist for an estimated period of 1-3 months.<br>iv) This will impact turnaround times further for the duration of validation.<br>v) Pathologists will validate in phases, so no more than 5 pathologists at one time will be validating.<br>vi) Digital Pathology project has accessible funding to utilise other resources during validation phases.<br>vii) Support from clinical colleagues across TSSG to understand and accept limited duration verification impact and to remove patients from cancer pathways when endoscopic findings are normal/benign.<br><br>• NCh added that there will be closer collaboration, with a joint information managements system next year across the whole of Kent, providing a back-up for different specialties. This will help efficiency with workflow and allocation to track cases. Collaboration will also enable us to obtain 2nd opinions instantly, the big advantage is that it will be good for teaching and the real benefits will include faster diagnosis and cut reporting times.<br><br>• Training will be provided, there will be remote working and Trusts will be given extra funding. | | |
| | **WHO Classification of Thyroid Tumours** | **<u>Presentation provided by Nicola Chaston</u>**<br><br>• NCh went through the Update on Classification of Thyroid lesions (WHO 2022), which included the following :-<br><br>i) Overview.<br>ii) Thyroid follicular nodular disease.<br>iii) Follicular Adenoma.<br>iv) Low-risk Neoplasms.<br>v) Malignant Neoplasms. | | |

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| **10.** | **AOB** | • CT stated that Day Case Parathyroidectomy (not cancer) – would definitely be worthwhile setting up across K&M. Cancer Alliance would be happy to help support setting up the pathways. | | |
| **11.** | **Next Meeting Date** | • Date in March 2025 to be agreed in collaboration with the Head & Neck TSSG meeting which is taking place later today.<br><br>**Action - SW to circulate the meeting invite to the group once the date has been confirmed.** | | **SW** |