

UK Chemotherapy Board

Meeting date and time	13 May 2021, 2-4 pm	Meeting Location	Zoom Meeting
Meeting Chair	Pinkie Chambers and Netty Cracknell	Minutes	Hasan Kobat

1.	<p>Welcome, apologies and declaration of conflicts of interests.</p> <p>Attendance:</p> <p>Pinkie Chambers (PC) (Chair) Netty Cracknell (NC) (Chair) Ruth Board (RB) Catherine Bale (CB) Lisa Barrott (LB) Fionnuala Green (FG) Edna Young (EY) Martine Bomb (MB) Nicholas Reed (NR) Catherine Oakley (CO) Janine Mansi (JM) Anne Rigg (AR) Fleur Harvey (FH) Denise Bonney (DB) Hasan Kobat (minutes) (HK)</p> <p>Apologies/Not in attendance:</p> <p>Gordon Cook (GK) Alia Nizam (AN) David Hobin (DH) Paula Scullin (PS) (FG in attendance) Tom Roques (TR)</p>	Chair
2. 2a. 2b.	<p>Minutes of the previous meeting held on 21 January 2021</p> <ul style="list-style-type: none"> • Unconfirmed full and PUBLIC minutes for approval <p>Chairs suggested that full minutes and public minutes to be the same. January 2021 minutes discussed. To add JM to conference section. Minutes were approved as a correct record of the meeting subject to the amendment of above. Action: NC to place on website.</p>	Chair

<p>3.</p>	<p>Review of Actions</p> <p>1) UKCB.34/20 <i>“Dr Booney “Dr Bonney to explore whether the CCLG were going to be a formal member of the Board or co-opted with the Head of CCLG.” No comments/achievement on this issue. Action: DH is also CCLG representative which he will check the status of this item.”</i></p> <p>Action: PC to contact DH to get feedback on this item.</p> <p>2) UKCB.41/20 <i>“Representatives from Scotland, Wales and Northern Ireland should highlight the DPD testing document to the relevant people within their regions.” CB took it to Wales, and it’s been fully adopted.”.</i> This item is in place in Scotland and N.Ireland. Completed. CLOSED</p> <p>3) UKCB.41/20 <i>“Dr Mansi to raise the issue of the use of 5-FU with the UK Breast Cancer group.” – apologies from Dr Mansi. She has not done it yet. To roll over to next meeting.”</i></p> <p>Action: JM to complete.</p> <p>4) UKCB.42/20 <i>“Dr Rigg to check where the request for data for the Chemotherapy Quality Dashboard would have been sent to and inform Dr Board.” First draft of data being discussed on 5th February RG meeting. AR will report next meeting.”.</i> AR informed the Board in her section below. Closed</p> <p>5) UKCB.42/20 <i>“Dr Oakley to confirm the launch date as the Board would host the link on the UK Chemotherapy Board website.” Document is being circulated among CRG. To be hosted on UKCB website.”</i></p> <p>It has been awaiting RCP and RCPATH to move forward on this item.</p> <p>POST MEETING NOTE: RCP approved. AW RCPATH.</p> <p>6) <i>“Chemotherapy Workforce. Action: PC to email PS to confirm who is leading on this agenda item.”</i> PC informed the Board below. Closed.</p> <p>7) SACT learning module: RCP not endorsed. Action: FDR Board to follow up in 2 weeks. This has now been endorsed. Closed.</p> <p>8) <i>“FAQ Covid vaccine. Action: TR to approach McMillan about how to take this forward concerning patient and GP information.”</i> To be discussed in the next UKCB meeting when TR present. Open</p> <p>9) UKCB website: Website costs are due. Action: NC to check amount and circulate details. This has been completed. Closed.</p>	<p>Chair</p>
<p>4.</p>	<p>Matters Arising</p> <ul style="list-style-type: none"> • Workplan <p>PC emailed to representative of each societies prior to the meeting. PC suggested to send a list of projects that we potentially want to take forward as a group.</p>	<p>Chair</p>

Hepatitis B: AR talked about the importance of testing for Hepatitis B prior to starting SACT or any immunosuppressive agents. Two people who are in their 30s died recently of fulminant Hepatitis B on commencement of immunosuppressive treatment. Immigrant populations are more at risk but not exclusively. Testing of Hep-B is £5, and the treatment is straightforward which takes six months and costs around £25. CRG is keen to take this forward but it is not something that NHSE will endorse due to commissioning. AR asked Board members if this can be published as UKCB. Decision was made to produce a position statement with comprehensive guidelines as a follow up if needed. Working group to be formed. Suggestions was: Prof Roberts, Janine Mansi, Louise Dulley and Roopinder Gillmore. **Action: PC to email suggested people to ask if interested to join a working group.**

Innovation: LB and FH presented their project entitled “Launching a self-administration service during COVID-19 pandemic: The Royal Marsden Experience”. LB - The aim of the project is to provide sustainable health care service to cancer patients without having any disruptions in administering their anti-cancer drugs and sustaining their safety in Covid era. Cytarabine, bortezomib, trastuzumab and denosumab were the target drugs in methodology. Set-up and priorities of the project including patient training, governance & pathways, staff engagement, identifying appropriate cycle to start chemo, etc. was discussed. Suggested to reach out to people who are doing other innovative ideas and supply links to the projects on the UKCB website which are already available in the public domain. **Action: NC to request approval from each organisation via UKCB members to add innovation section to website with public links (and disclaimer).**

Intrathecal Chemotherapy Standards: LB updated the Board about the previous standards being updated to include advanced nurse practitioners to administer intrathecal chemotherapy. However, this was not transferred to current documents before they were archived. There are therefore currently no standards to refer to. To propose to set up a working group to review the archived standards and publish as a UKCB document. To include DB in group. UKCB members approved this was a suitable work stream. **Action: LB to lead on this and establish a working group.**

National SACT protocols: NC shared the document entitled National SACT protocols. The summary of the proposal is to produce a website-based library of SACT protocols which trusts, and organisations UK can use. NC answered the questions about funding and St Lukes. All elements of the proposal would be discussed further by the working group. UKCB members approved this was a suitable work stream. **Action: NC to lead on this and establish a working group.**

Standards for Reducing Risks Associated with Electronic Prescribing: NC presented the Standards for Reducing Risks Associated with Electronic Prescribing and Medicines Administration Systems (ePMA) for SACTs which has been published by BOPA. This considers the checks required at each stage of the process of the patient pathway. It is currently due for review. NC asked Board members if this was a suitable document to review with multi-disciplinary input and publish from UKCB. UKCB members approved this was a suitable work stream. **Action: NC to lead on this and establish a review group.**

	<p>Steroid prophylaxis: PC to add RBs workplan idea of patients with cancer, chemotherapy, or IO toxicity is whether they should have prophylaxis with their steroids. RB asked whether we could do it as a position statement, literature review, etc. UKCB members approved this was a suitable work stream. Action: PC to add to survey monkey / prioritising workplan</p> <p>PC confirmed that the work plan ideas will be sent via survey monkey for UKCB members to rate in order of priority to ensure we are focusing on the right work. Action: PC send a survey monkey / prioritising workplan</p> <p>National extravasation injury database</p> <p>LB to update Board members via e-mail.</p>	
5.	<p>Chemotherapy Board Work streams Chemotherapy consent forms and related documents</p> <p>JM updated the group.</p> <p>The Electronic consent document sent with agenda will give some guidance if people wish to pursue electronic consent. There is no national single solution. Action: All UKCB members to review document and especially pages 4 and 5. To feedback to JM by deadline.</p> <p>The quarterly reports, national steering group minutes, and e-consent framework guidance was circulated prior to meeting. Generic and Tumor-specific forms review completed and available on the CRUK website (since last UKCB meeting) included melanoma, bladder, SACT consent forms, single form for Venetoclax and Obinutuzumab for CLL on urgent request, etc.</p> <p>There is a standard statement regarding risk of diabetes with certain SACT treatment regimens. This includes those where steroids are in the protocol for anti-emetic/allergy. This supports the UKCB diabetes guidance document.</p> <p>Website activity from Aug 2016 to March 2021 was presented by JM. CRUK is about to send a survey to trusts to investigate who are using CRUK consent forms.</p>	Dr Janine Mansi
6.	<p>Chemotherapy Workforce</p> <p>PC received update email from Dr TR. Action: PC to circulate email to everyone.</p>	Dr Tom Roques
7.	<p>Chemotherapy Data</p> <ul style="list-style-type: none"> • Public Health England (PHE) SACT dataset report <p>The next iteration of case mix adjusted rates (CMAR) of 30-day mortality for several tumour types is about to be released. The next iteration is looking at ALL and AML who were diagnosed between 2010 and 2018 and then treated in 2017 and 2019. Prostate cancer will also be released next week. Data has been stratified by principal treatment centre and</p>	Dr Martine Bomb

	<p>further stratification where there is a distinction between the treatment of children.</p> <p>The CMAR workbooks are initially shared with NHS providers only but are published on the public-facing SACT website approximately two months later. All NHS trusts have the opportunity to provide a comment on their data, which is then released alongside each workbook. Previous workbooks are available on our website (http://www.chemodataset.nhs.uk/reports/) and also through our interactive tool on CancerData (https://www.cancerdata.nhs.uk/sact).</p> <p>We are also keen to hear user stories from trusts to understand the value of both the rapid 30 day mortality feeds we share quarterly (these are not published and are for trust use only, to support local mortality and morbidity meetings) and on the published CMAR reports. If you're interested in giving us some feedback, then please contact sact@phe.gov.uk.</p> <p>The SACT COVID dashboard, providing an overview of systemic anti-cancer therapy activity during the COVID-19 pandemic using the SACT Data Set, at England and Cancer Alliance level, is also publicly available at https://www.cancerdata.nhs.uk/sact</p> <ul style="list-style-type: none"> • National Institute for Health Research (NIHR) Summary Report <p>PC and PCorrie had email correspondence and will meet to discuss how to better use the data provided to the group. An additional link for remote trial delivery is included to show different options available. Action: PC/PCorrie https://sites.google.com/nihr.ac.uk/remotetrialdelivery/home?authuser=0</p>	Dr Pippa Corrie
8.	<p>Validity periods of blood results – update</p> <p>PC has been looking at whether there is national variation around the thresholds for blood tests and validity periods used. The way of approach was doing a survey among clinicians in these tumors groups to get some consensus. PC will update the Board further next meeting.</p>	Ms Pinkie Chambers
9.	<p>Items for Report</p> <ul style="list-style-type: none"> • Chemotherapy Clinical Reference Group <p>Dr AR, Peter Clark and Steve Williamson from the Cancer Drugs Fund have done an enormous amount of work to produce a sustainable plan for all the regimens on the interim Covid drug list. The quality dashboard is under development.</p> <ul style="list-style-type: none"> • Acute Oncology Sub-Group – NS pathway <p>Acute Oncology Neutropenic Sepsis pathway has been endorsed by all organisations except RCPATH. Action: TR/LB/CO</p>	Dr Anne Rigg Dr Catherine Oakley
10.	<p>UK Chemotherapy Board conference</p> <p>Agenda is in place. The number of delegates is 219. There is one confirmed sponsor and one in a pipeline. BOPA has sent out an email to corporate members</p>	Chair/ members

	to ask for sponsorship.	
11.	<p>Governance</p> <ul style="list-style-type: none"> • Website update <p>NC shared the website analytics May 2021 document.</p>	Ms Netty Cracknell
12.	<p>Any Other Business</p> <p>At this point the meeting was no longer quorate.</p> <ul style="list-style-type: none"> • FAQ Covid vaccine <p>Covid vaccine paper is now on version 4. Approval is needed from the Board to update on website. Action: NC to email organisations individually for approval. It was noted that there was some out of date versions on member organisation websites. To remove these and point to UKCB website. Action: All to check their member websites.</p> <ul style="list-style-type: none"> • Terms of reference <p>Terms of reference document has been updated this month and was sent round with the agenda. Frequency of meetings and if virtual or in person was discussed. Action: NC to email member organisations for approval of 4 meetings a year with 3 virtual and 1 face to face and confirmation of other ToR changes.</p>	Chair
13.	<p>Date of next meetings 2021:</p> <ul style="list-style-type: none"> • Thursday 16 September at 2pm via ZOOM. 	