

HBP Pathway Board



#	Date Created	Status	Discussion summary	Action	Action Lead	Update
10	21/09/2021	Open	<p>Title: Improving access to clinical trials – Ancora pilot To: Inform Owner: Thomas Satyadas</p> <p>Introduced a potential pilot for a piece of software called Ancora that could facilitate the discussion within the MDT for patients that are potentially suitable for clinical trials. TS noted that this could elevate the quality of discussion in the MDT, raise patient awareness earlier in the pathway and avoid waiting until the patient attends The Christie for treatment to discuss access to clinical trials (see slides attached.)</p> <p>TS noted that a survey was conducted amongst 50 patients, asking whether they would support the discussion of potentially suitable trials occurring in the treatment decision making MDT and the response was very positive, almost all said they would.</p> <p>TS noted that GM Cancer Alliance have been very supportive of this pilot, indicating that there could be some potential funding to support resource (CNS/administrator) that would be needed to facilitate it.</p> <p>TS and CG to form a plan for the pilot across GM and to consider the possible workforce solutions.</p>	TS/CG to continue to develop plans to implement pilot.	TS/CG	A research strategy has been developed by GM Cancer to incorporate a plan to embed principles to support research and access to clinical trials. The strategy will be presented to GM Cancer Board in January 2022.
11	21/09/2021	Open	<p>Title: HPB Personalised Care for Cancer To: Inform Owner: Astrid Greenberry</p> <p>There are several pathways e.g. Breast and Colorectal with proven stratified follow-up pathways that are being implemented. The personalised care team at GM Cancer have also identified some test sites for other tumour groups and the MFT Oxford Road Campus has been identified as the test site for pancreatic cancer.</p> <p>Progress thus far:</p> <ul style="list-style-type: none"> - Pathway mapped and following decisions: - Trial with surgical pancreatic cancer patients as starting point. - Concentrate of providing patients with support at the end of treatment ie personalised care and support plan and treatment summary. - Cancer Care Coordinator recruited (started 16th August 2021). 0.5 WTE funded by project 1.0 funded by Macmillan – work as a team to support the whole pathway. <p>Next steps include:</p> <ul style="list-style-type: none"> - Hold meeting with InfoFlex to start design process to put pancreatic cancer pathway onto system. - Meeting with MFT IT to interface with central GM InfoFlex system. - Work with operational managers to alter clinic template. - Pathway Board to develop all supporting documents: Protocol, Treatment summary, Rapid re-access guidelines, Eligibility Criteria and Sign off pathway 	AG to feedback on progress at next pathway board meeting.	AG	
12	21/09/2021	Open	<p>Title: MDT Reform To: Inform Owner: Thomas Satyadas</p> <p>TS updated the wider pathway board members on improvements to the MDT that have been implemented. Each week the patients listed for MDT are vetted by the HPB surgeon for the week. At the same time, there is a standardised MDT proforma that should be used for referring patients to the MDT from all Trusts. If the patient needs to be re-discussed at the MDT then the referral form must be completed again as an email will no longer be sufficient.</p>	TS/CG to disseminate this information to pathway board members and MDT members.	TS/CG	
13	21/09/2021	Closed	<p>Title: Breast Cancer Liver Metastases MDT Referral Pathway To: Inform Owner: Thomas Satyadas</p> <p>TS updated on the progress made for a referral pathway for patients with breast cancer that have developed liver metastases to be discussed in the HPB MDT. The decision algorithm has been approved by both Breast and HPB pathway boards and is now ratified and ready to be integrated into Breast MDTs around GM. The breast board have been informed that this is a decision making tool to decide if patients meet the eligibility criteria to be discussed within the specialist HPB MDT, it is not a confirmation that the patient is suitable for treatment and patient expectations should be carefully managed. The decision making tool has a 'click here' hyperlink within the form that takes you to the HPB MDT referral form. Within that form are the instructions on where to send the completed referral forms.</p>	CG to disseminate the liver metastases pathway to all breast MDT members.	CG	
14	21/09/2021	Open	<p>Title: Suspected Cancer Referral Form – annual review To: Update Owner: TS/CG</p> <p>Each year the suspected cancer referral forms are reviewed by the pathway boards for suggested updates.</p> <p>Suggestions included:</p> <ul style="list-style-type: none"> - NB requested adding to weight 3-6 months previous or weight loss % vs current alongside weight and BMI and a nutrition screening e.g. MUST - TS noted can we remove the USS guidance to avoid delays to the referral. 			
15	21/09/2021	Open	<p>Title: Rapid Diagnostic Centre – MRI launch To: Inform Owner: Thomas Satyadas</p> <p>SS/TS/CG have been working with the team at MFT Oxford Rd Campus to develop a site specific RDC. There are agreements with radiology now so that slots are available on Mon/Wed/Fri during the week. The hope is that the pathway will be available for patients within the Manchester and Trafford CCGs by November. Meetings are ongoing to discuss what education is needed to encourage GPs to use the HPB specific form which will take patients onto this pathway. TS noted in the future the pathway will be available for patients that present in an emergency setting and across GM. SS noted that by Q4 2021-22, there will be a non site-specific symptom RDC available across all localities in GM which will facilitate the site-specific ones too. HPB are among the top three diagnosis of cancers for the current open RDCs.</p>	RDC to continue to provide information needed	TS/CG	
16	21/09/2021	Open	<p>Title: AOB</p> <p>MM raised that NICE have now approved treatment with an FGFR inhibitor for intro-hepatic cholangiocarcinoma with FGFR fusions for second line or beyond treatment. She raised the importance of patients with this diagnosis having biopsies and the need for adequate tissue or additional tissue being utilised for this decision making for potential treatment. The group discussed and agreed that LF would re-share a letter to pathologists and CG would facilitate a meeting if necessary.</p> <p>MM noted that the aetiology for patients with HCC isnt always documented on referrals for patients, please can all referrals capture this to inform decision making.</p>	LF to re-circulate letter regarding additional tissue needed for testing to inform treatment decision.	LF	