

Clinical Steering Group Meeting

Thursday 18th March 2021, 11:00-13:00
Video Conference, Royal College of Surgeons of England

MEETING MINUTES

Present:

Kieran Horgan (Chair)	Melissa Gannon (MGa)	Andrew Murphy
Nicolo Battisti	Margot Gosney (MGo)	Janice Rose
Kwok Leung Cheung	Lis Grimsey	Mia Rosenblatt
Karen Clements	Chris Holcombe	Nisha Sharma
David Cromwell	Tracey Irvine	Richard Simcock
David Dodwell	Jacquie Jenkins	Sophia Turner
Julie Doughty	Ian Kunkler	Carla Whitbread
Catherine Foster	Jibby Medina	Lynda Wyld
Ashu Gandhi	Katie Miller	

Apologies:

Marianne Dillon	Alistair Ring	Gail Williams
Stanley Ralph	Tom Robinson	

1. Welcome, introductions and apologies

The chair welcomed the group to the NABCOP CSG meeting. Members attended using the Microsoft Teams video-conference or tele-conference joining details.

1.a. Declarations of interest: No declarations of any conflicts of interest were made.

1.b. The minutes of the last Clinical Steering Group Meeting: on 26 November 2020: These were reviewed and approved as a true and accurate record of the meeting. Matters arising:

- Action 26/11-01: The PT are yet to receive feedback on the 'NABCOP guide to the breast cancer pathway for older women' from breast cancer teams. KH requested the Clinical CSG members revisit this document and provide feedback via the Survey Monkey* link available on the NABCOP website (<https://www.nabcop.org.uk/resources/the-nabcop-guide-to-the-breast-cancer-pathway-for-older-women/>).
- Action 26/11-03: DD provided an update on the PT finalising guidance on actions to be taken for outliers, as reported against the audit's indicators, including application of the Outlier Policy in the upcoming years for the audit. The guidance being drafted specifies a desired action – or an approach to stimulate action – in response to audit recommendations. Informed by relationship between (1) NABCOP indicators, (2) mapped to 2020 report recommendations, and (3) the result of 2020 analyses. The team feel that, due to limited resources, an outlier policy should only be applied to indicators where there were real concerns about poor surgical and oncological outcomes e.g. mortality, recurrence. The team welcomed feedback on this. AG suggested that the NABCOP Outlier Policy should reflect the ABS breast cancer screening Outlier Policy where possible. KH added that, unlike the Lung Cancer Audit – who have a lot of resources to action their outlier policy, the NABCOP are

stretched for said resources. DD added that the team will be working in collaboration with the ABS to develop a more proactive consensus to the management of older patients.

1.c. Membership: The chair welcomed Tracey Irvine; attending the CSG for the first time; and thanked Fiona MacNeill, who will no longer be a CSG member, for her valued contribution to the group since 2016.

Action 18/03-01: The CSG members are to revisit the 'NABCOP guide to the breast cancer pathway for older women', with their breast cancer teams, and provide feedback via napcop@rcseng.ac.uk or the Survey Monkey* link available on the NABCOP website

(*<https://www.nabcop.org.uk/resources/the-nabcop-guide-to-the-breast-cancer-pathway-for-older-women/>).

2. Audit products

2.a. Publications and outputs:

- KH presented the NABCOP's peer-reviewed papers and other outputs. The NABCOP have published key findings and expanded analyses in a total of 8 peer-reviewed journals since the audit launched in 2016. The team published one peer-reviewed publication on 'surgical decisions in older women with early breast cancer' in 2021, and five in 2020. The publications are available to view via the [NABCOP website](#).
- The Association of Breast Surgery Conference have accepted the following NABCOP presentations for the 2021 Conference:
 - Validation of endocrine therapy prescriptions with primary care prescriptions data for women with IBC (poster)
 - The NABCOP patient pathway (poster)
 - Post-mastectomy radiotherapy among older women with breast cancer (oral presentation)
- The team presented a poster at the virtual European Breast Cancer Conference in October 2020, looking at the variation in rates of surgery to the primary tumour in women with metastatic breast cancer at diagnosis in England and Wales.
- NB mentioned that he had a discussion with the Editor of the newly established [Lancet Healthy Longevity](#) journal, who is happy to consider submissions in the geriatric oncology field. NB suggested that it could be useful as an additional option for NABCOP publications.

Action 18/03-02: The PT will liaise with NB regarding the Lancet Healthy Longevity Journal as an additional option for NABCOP publications.

2.b. Tools for Quality Improvement – fitness assessment, supplementary materials:

The NABCOP will be producing tools for Quality Improvement, with the CSG input, alongside the annual report.

3. NABCOP 2021 Annual Report

3.a. Timeline to publication of 2021 report – 11 August: The NABCOP 2021 Annual Report will mark the 5th year of publication. A draft of the 2021 report will be circulated to the CSG for input during the week commencing 10 May. CSG feedback should be submitted by close of business by Monday 7 June 2021. Sign-off providing publication is anticipated on Thursday 12 August 2021.

Action 18/03-03: The CSG will provide feedback on the 2021 Annual Report – that will be shared with them the week commencing 10 May 2021 – by Monday 7 June 2021.

3.b. Organisation of breast cancer services in England and Wales in 2020/21

- KM presented the 2020 timeline of changes to breast cancer services due to COVID-19, providing context for several chapters of the 2021 Annual Report.
- KM presented preliminary findings from the NABCOP 2020 Organisational Audit (OA) from participating NHS organisations across England and Wales. The OA was conducted from October 2020 to January 2021 and aimed to provide insight into data management practices with

particular regard to recurrence, impact of the NABCOP products, the assessment of patient fitness, and the effect of COVID-19 on breast cancer care across England and Wales.

- In total 96 NHS organisations participated (75% response rate). Considering the challenging times for breast units across the UK due to the pandemic, the PT were pleased to receive this level of response – considering the impact and workload burden associated with the pandemic.
- KM presented responses to questions within the OA focused on the recording of recurrence within breast cancer teams, which had been informed from analysis performed in the NABCOP 2020 Annual Report. The OA found that 100% of NHS providers reported ‘Yes’ when asked if patients with recurrence are discussed in an MDT meeting, and the majority reported that patients with a new breast cancer recurrence diagnosis were routinely entered in cancer management systems.
- AM noted that amendments have been made to COSD-V9 and its user guide, which will make the recording of recurrences easier and more logical. AM added that although they will not be doing any roadshows this year, he would be happy to speak to his colleagues about arranging something at a local level focusing on the recording of recurrence.
- LW suggested that incentivising / penalising units could increase return of recurrence. KH suggested that LW, CH, AG, TI, KLC and himself look at the level of recurrence within their own units and see what is being returned to COSD. It was agreed that the 6 units would do this and report back at the next CSG meeting, following a separate discussion amongst the units, AM and KC. AG suggested that for nationwide engagement, with the involvement of GIRFT, CQC could add recurrence as a test measure for breast units. TI added that the ABS conference would be a good opportunity to promote that it is possible to record recurrence and give guidance on the best way to do so. RS suggested that it may be beneficial to liaise with Somerset Cancer Registration and Inflex to ensure that Patient Pathway Co-ordinators PPCs are entering data into local systems in the correct way. JD added that Scotland have started to collect recurrence data and have found it to be very time consuming. AM stated that he will talk to NCRAS liaison teams with the aim to highlight the recording of recurrence in their next newsletter. AM further added that he will work with KC to review COSD data for breast cancer recurrences recorded and then of them how many had were recorded at an MDT meeting.
- CH questioned whether the NABCOP has or are able to obtain unit/MDT specific data on recurrence and metastatic disease with the idea that this may allow the NABCOP to find exemplars of good practice. MGa responded that the NABCOP currently do not receive data at MDT-level.
- The OA also focused on how units / patients have been affected by the COVID-19 pandemic. KM presented a slide on what percentage of patients with early invasive breast cancer had their treatment affected during April 2020 because of COVID-19. NHS organisations responding to the OA reported that a minority of patients had their treatment affected, and only a small proportion of units reported a delay or change to treatment.
- The PT welcomed input on recommendations for the 2021 report.

Action 18/03-04: AM is to explore the possibility of running local sessions focusing on the recording of recurrence in COSD-V9.

Action 18/03-05: LW, CH, AG, TI, KLC and KH will review the level of recurrence within their units and see what is being returned via COSD. The 6 units will report back at the next CSG meeting, following a separate discussion between themselves, AM and KC.

Action 18/03-06: AM is to talk to the NCRAS liaisons team about highlighting the importance of recording of recurrence in their next newsletter.

Action 18/03-07: AM is to work with KC to review COSD data for breast cancer recurrences recorded in COSD, and then of how many of these had an MDT meeting recorded.

3.c. Fitness assessment for older patients in breast clinic

KM presented a slide of the report chapter on “Fitness assessment for older patient in breast clinic”.

KH requested that the CSG promote the use of the fitness assessment form during the first

diagnostic clinic, as this information is hugely important to the audit. ST added that the form is also important for highlighting women who are healthy. JD added that completion of the form is on the Scottish Managed Clinical Network (MCN) as a requirement.

Action 18/03-08: CSG are to promote the use of the NABCOP Fitness Assessment for Older Patients in Breast Clinic form during the first diagnostic clinic.

3.d. Diagnosis and treatment patterns in 2019 and 2020, using Rapid Registration Data – for England and Wales

- DD gave an overview of the England Rapid Cancer Registration Data (RCRD) provided by NCRAS. The NCRAS RCRD dataset provides patients diagnosed from January 2018 to July 2020, identified via proxy registration. This dataset includes information from COSD, CWT, HES, SACT and RTDS and was received between January and March 2021. The RCRD provides information on age, diagnosing trust, overall stage, ICD10 code, ethnicity, IMD, and route to diagnosis, but does not give information on molecular markers and grade. The NABCOP is using this dataset with clear caveats regarding its limitations.
- DD presented the route to diagnosis and treatment in England 2019/2020 chapter. The cohort included women diagnosed in England between January 2019 and July 2020. This work aims to provide a national picture of route to diagnosis and the use of primary/adjvant treatment among women diagnosed with breast cancer in England across 2019 and the first half of 2020. In addition, it aims to comment on changes to patients care in the initial phases of the COVID-19 pandemic.
- DD presented a comparison between patient numbers in the NABCOP 2018 'usual' cohort with the RCRD 2018 cohort, by age at diagnosis. This showed that overall numbers were 12% lower in the RCRD, however the ascertainment of cases does not seem affected by patient age.
- DD presented the route to diagnosis, by age at diagnosis. The data showed that women diagnosed via screening dramatically dropped from April 2020 across all age groups. Two week wait referrals marginally dropped during the early weeks of the pandemic, but there did seem to be some recovery towards June/July 2020.
- DD presented rates of surgery for non-invasive or early breast cancer, by year and age at diagnosis. The audit does not have any data on this item beyond July 2020. The data showed a falloff in surgery in the younger patient in May/June 2020.
- DD presented rates of neoadjuvant chemotherapy for operable invasive breast cancer, by age of diagnosis. The data showed a decline in the use of neoadjuvant chemotherapy for operable early invasive breast cancer during the first quarter of 2020.
- DD presented the use of radiotherapy for operable non-invasive or early breast cancer, by year and dose. The data highlighted that from March / April 2020, the use of hypofractionated radiotherapy rapidly increased following guidance from the Royal College of Radiologists, based on the [FAST-forward trial](#). JD felt that patient information is needed on the risks and benefits of radiotherapy given the PRIME patient population in whom radiotherapy might be omitted. KH suggested that CH and the 'Working Group for Improving Breast Cancer Survival in those over 70' could look into this. MGa suggested that this could be something that NABCOP could incorporate into a revision of the Patient Pathway Guide.
- KM gave an overview of the route to diagnosis and treatment in Wales 2019/20. This data was within the WCR, PEDW, RT, ONS and LSOA, and included women diagnosed from 1 January 2019 to 31 July 2020. This analysis aimed to provide a national picture of route to diagnosis and use of primary / adjuvant treatment among women diagnosed with breast cancer in Wales across 2019 and the first half of 2020. It aimed to comment on changes to patient care in the initial phases of the COVID-19 pandemic, and look in depth at the patients behind changes in patterns of care.
- KM presented the number of patients diagnosed, by age at diagnosis. This was comparable with the English cohort, with a decrease in numbers of patients diagnosed from April 2020.

- KM presented the number of patients having surgery by calendar month. The data showed a drop in the number of women having surgery from April 2020 onwards.

Action 18/03-09: The PT are to explore the incorporation of patient information on the risks and benefits of radiotherapy in the older population within a revised version of the Patient Pathway Guide.

3.e. Prescriptions for endocrine therapy in 2018 for invasive breast cancer

- MGa presented an updated of work looking at endocrine therapy (ET) prescriptions for invasive breast cancer. The cohort included women aged 50+ years diagnosed with invasive breast cancer in England between 2014 and 2017, linked to the Primary Care Prescriptions Database (PCPD) providing data on community pharmacy dispensed prescriptions for endocrine therapy in 2018. The analysis aimed to understand the value of the PCPD in analysing ET use amongst women with breast cancer, to investigate prescribing patterns of ET treatment, by age, receipt of surgery, and level of patient fitness. .
- MGa presented use of ET by data source and age within the PCPD, among women with ER positive IBC. 90% of women, regardless of age, were recorded as having ET in the PCPD.
- MGa presented ET recorded within the PCPD 2018 dispensed prescriptions, among women with invasive breast cancer, by ER status and time since diagnosis. This data showed that the use of ET was highest among ER positive women, and lowest within ER negative. Roughly three quarters of women with ER unknown status received ET. KH added that these figures give a good overview of what treatment is provided to women diagnosed with breast cancer across the population.
- MGa presented the variation in use of ET (and tamoxifen) among women with ER positive invasive breast cancer, by NHS trust of diagnosis. The data showed that across all trusts, the use of ET was very high. There was a strong variation across trusts in the use of tamoxifen (40-10%).

3.f. Outcomes for patients diagnosed from 2014 and 2018 in England

- DC presented an update on the outcomes for patients diagnosed between 2014 and 2018. This analysis aimed to describe any difference in short-term, treatment related morbidity between older and younger women, and to describe relative survival for younger and older women receiving treatment, by comorbidity and stage of diagnosis. The data sources included Cancer registration/COSD, and SACT, RTDS, HES, ONS (refreshed to 2020).
- DC presented the percentage of women with a treatment related hospital admission, by trust of diagnosis. The data showed quite a large variation across NHS trusts, which is more than would be expected through chance alone.
- DC presented the percentage of women having breast conserving surgery (BCS) and a subsequent breast reoperation within three months, by diagnosing NHS organisation. The data showed a large variation across NHS trusts in patients receiving BCS.
- DC presented the relative survival of women diagnosis with EIBC who received surgery, by age at diagnosis and SCARF index. The data showed that the relative survival amongst fitter older women, as measured by the frailty index, is just as good as those who are younger.

The NABCOP will continue to disseminate the 2021 findings via Tweets, Newsletters, Meetings (incl. ABS 2021).

Action 18/03-10: The CSG are encourage to disseminate findings via Tweets, Newsletters incl. associated Royal Colleges, specialist associations and charities, and via local meetings and communications.

4. Publication of other 2021 outputs

4.a. Supplementary materials: The NABCOP will be publishing materials supplementary to the 2021 Annual Report, and will seek input form the CSG on these (as per item 2.b).

4.b. Publication of public and patients version: The PT will work with the CSG on the drafting and publication of the Patient report. The Public and Patients Annual Report 2021 will contain key content from the 2021 Annual Report and will be published alongside the main report.

Action 18/03-11: The PT will contact the CSG for their input into the NABCOP 2021 patient report and supplementary materials.

5. Any other business

5.a. Suggested dates of next meetings: 25 November 2021 (virtual or at the Royal College of Surgeons of England building – TBC).

Actions from Clinical Steering Group meeting: 18 March 2021	Owner	Due Date
Action 18/03-01: The CSG members are to revisit the 'NABCOP guide to the breast cancer pathway for older women', with their breast cancer teams, and provide feedback via napcop@rcseng.ac.uk or the Survey Monkey* link available on the NABCOP website (* https://www.nabcop.org.uk/resources/the-nabcop-guide-to-the-breast-cancer-pathway-for-older-women/).	CSG	2 August 2021
Action 18/03-02: The PT will liaise with NB regarding the Lancet Healthy Longevity Journal as an additional option for NABCOP publications.	PT	November 2021
Action 18/03-03: The CSG will provide feedback on the 2021 Annual Report – that will be shared with them the week commencing 10 May 2021 – by Monday 7 June 2021.	CSG	7 June 2021
Action 18/03-04: AM is to explore the possibility of running local sessions focusing on the recording of recurrence in COSD-V9.	AM	November 2021
Action 18/03-05: LW, CH, AG, TI, KLC and KH will review the level of recurrence within their units and see what is being returned via COSD. The 6 units will report back at the next CSG meeting, following a separate discussion between themselves, AM and KC.	LW, CH, AG, TI, KLC, KH, AM & KC	November 2021
Action 18/03-06: AM is to talk to the NCRAS liaisons team about highlighting the importance of recording of recurrence in their next newsletter.	AM	Spring 2021
Action 18/03-07: AM is to work with KC to review COSD data for breast cancer recurrences recorded in COSD, and then of how many of these had an MDT meeting recorded.		November 2021
Action 18/03-08: CSG are to promote the use of the NABCOP Fitness Assessment for Older Patients in Breast Clinic form during the first diagnostic clinic.	CSG	November 2021
Action 18/03-09: The PT are to explore the incorporation of patient information on the risks and benefits of radiotherapy in the older population within a revised version of the Patient Pathway Guide.	PT	November 2021
Action 18/03-10: The CSG are encourage to disseminate findings via Tweets, Newsletters incl. associated Royal Colleges, specialist associations and charities, and via local meetings and communications.	CSG	12-31 August 2021
Action 18/03-11: The PT will contact the CSG for their input into the NABCOP 2021 patient report and supplementary materials.	PT	Spring 2021

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