

Clinical Steering Group (CSG) Meeting

Tuesday 26th April 2022, 11:00-13:00
Video Conference, Royal College of Surgeons of England

MEETING MINUTES

Present:

Kieran Horgan (Chair)
Kwok Leung Cheung
Karen Clements
David Cromwell
Marianne Dillon
David Dodwell
Julie Doughty
Catherine Foster
Ashu Gandhi (AG)

Melissa Gannon (MGa)
Margot Gosney (MGo)
Chris Holcombe
Tracey Irvine
Ian Kunkler (IK)
Imogen Locke (IL)
Jibby Medina
Katie Miller

Andrew Murphy
Thomas Robinson
Caroline Rogers
Janice Rose
Mia Rosenblatt
Nisha Sharma
Sarah Walker
Carla Whitbread
Lynda Wyld (LW)

Apologies:

Sue Holcombe
Jacquie Jenkins

Richard Morris
Alistair Ring
Tanuja Shah

Richard Simcock
Sophia Turner

1. Welcome, introductions and apologies

The chair welcomed the group to the last meeting of the NABCOP CSG, before it is decommissioned in September 2022. Members attended using the Microsoft Teams video-conference or tele-conference joining details. Apologies were given for those who could not attend.

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 25 November 2021: These were reviewed and approved as a true and accurate record of the meeting. There were no outstanding actions.

1.c. Membership an attendance: The chair welcomed Caroline Rogers and Sarah Walker, HQIP, and Imogen Locke, Chair of Cancer CRG (NHSE); attending the CSG for the first time.

2. Highlights since our last meeting

JM provided a summary of highlights since the last CSG in 2021:

- The Datasets for England and Wales were acquired for the 2022 Annual Report. Draft 2 was submitted to commissioners on 21 March, and the final report is anticipated to be published on 12 May 2022. Subject to final clearance for publication by the funder, which should be announced on 26 April.
- HQIP have confirmed that the current NABCOP contract will be extended by 3 months until September 2022 to facilitate the closure of the audit and transition to the new audits, and by a further 6 months as an unfunded extension for the retention of audit records (for extended outputs and/or queries from healthcare providers on recently published results).

- Since November 2021, the NABCOP have published three peer reviewed journals, and had a presence at the Symposium of Primary Breast Cancer in Older Women. In addition, an HFRT paper was accepted by the Clinical Oncology Journal in March 2022.
- KM presented an overview of her paper: *The association between guideline adherence, age and overall surgically among women with non-metastatic breast cancer: A systematic review*. Cancer Treatment Reviews, January 2022. This paper aimed to investigate whether adherence to clinical practice guidelines (CPGs) treatment recommendations for women with non-metastatic breast cancer improves overall survival (OS), and whether the relationship varies by age. 16 studies were included from a systematic search of MEDLINE and EMBASE. The review found significant variation in study designs, treatment recommendations selected, and definitions of adherence. The compliance for most treatments were reported to be high, exceeding 80% in many studies. Guideline adherence was associated with improved 5-yr OS. 13 studies reported compliance by age; 12 reported lower rates of adherence to 1 or more treatments among older patients. Evidence was inconsistent on whether OS is associated with treatment adherence and age. LW queried if KM had looked at breast cancer specific survival. KM noted that overall survival was the most commonly reported outcome and so that became the focus of the review. KM further added that not looking at breast cancer specific survival was a limitation of the review.
- MG presented on the change in the use of fractionation in radiotherapy used for early breast cancer at the start of the COVID-19 pandemic. The Royal College of Radiologists published guidance recommending the use of five-fraction ultra-hypofractionated radiotherapy regimens for eligible patient. This was based on randomised controlled trial-based evidence demonstration non-inferiority compared with standard moderate-hypofractionated radiotherapy. Among 5,139 women receiving postoperative radiotherapy between April and July 2020, 73% received 26Gy5F. The NABCOP have found the use of 26Gy5F were independently associated with: nodal involvement (lower odds for N+), overall stage (increased odds for stage 1), type of surgery (lower add for mastectomy), and time from diagnosis (months; <3/3/4/5/6+; lower odds as time from diagnosis increased). It was also found that age was not a factor in the use of 26Gy5F. There was little variation in use amongst regions. This work has been accepted by the Clinical Oncology Journal and is currently being revised in preparation for publication.

Action 26/04-01: The NABCOP will communicate any changes to the proposed publication date of 12 May 2022 to the CSG and Stakeholders.

3. NABCOP 2022 Annual Report

3.a. Timeline to publication of 2022 report – anticipated 12 May:

- JM confirmed that the 2022 Annual Report is anticipated to be published on 12 May 2022. Findings from the report will be disseminated at the ABS Conference on 16-17 May.

3.b. Key achievements of the NABCOP since 2016:

- KH presented a reflection on key achievements of the NABCOP, since it commenced in 2016, including: the use of routine data to describe patterns of care and treatment among older women, standardising the assessment of patient fitness, stimulating quality improvement through relationships with stakeholders including patients and NHS organisations, and the reporting on care and treatment during the COVID-19 pandemic.

3.c. Key findings in 2022:

- DD presented some of the key findings in 2022 including:
 - Observed percentage of women with early invasive breast cancer receiving radiotherapy after breast-conserving surgery or mastectomy (high-risk only), by diagnosing NHS organisation and age at diagnosis.
 - Observed percentage of women with ER negative early invasive breast cancer receiving adjuvant chemotherapy over time, by age of diagnosis.
 - Use of ET identified within PCPD dispensed prescriptions compared with recording in routine secondary care sources, by year of diagnosis – among women with ER positive EIBC
 - Percentage of women with bisphosphonate prescription in the PCPD compared with bisphosphonate treatment recorded in SACT, by age at diagnosis – among women with EIBC

- Investigating the value of the PCPD to provide additional information on comorbidities that are pharmacologically managed.

3.d. Taking forward the recommendations of the NABCOP

KH and DD presented the following NABCOP recommendations for consideration by the new audits of breast cancer:

- **Professional bodies** should: Ensure older patients have sufficient information about their care and treatment(s) and are engaged in a shared decision-making process by encouraging wide adoption of use of “The NABCOP guide to the breast cancer pathway for older women” (Recommendation #1 of the 2022 report); and breast cancer surgical teams should examine their reoperation rates after breast conservation surgery to identify areas where reoperation rates can be reduced, whilst supporting safe breast conservation (Rec #4).
- In addition to recommendations 1 and 4, recommendations for **breast care teams** include: Breast cancer oncology teams should review chemotherapy associated morbidity in their units, with the aim of reducing unplanned chemotherapy-related admission rates (Rec #5). IK felt this area would benefit from further work. DD and KH agreed and suggested Audit Champions – championing the new audits - would be particularly well placed to support this.
- Ensure a clinician is identified to take responsibility for reviewing data returns and feeding back to staff within their breast units. This review should cover key cancer care information, including full tumour characterisation, ER and HER2 status (for patients with invasive breast cancer), WHO performance status, whether or not a TDA was completed, the NABCOP fitness assessment indicators (for patients aged 70+ years) (Rec #6).
- Investigate consistency between (1) discussion of patients with recurrence at MDTs in breast units, (2) recording of recurrence by Breast Units and (3) the low percentages of recurrence found in national datasets, by reviewing the process of capturing these data within a breast unit, and ensuring these data are uploaded to cancer registration (Rec #7).
- Ensure information on the initiation of endocrine therapy (ET) treatment, and use of bisphosphonates for disease modification, in secondary care is recorded within routine data submissions to NCRAS (COSD, SACT) and WCN databases (Rec #9).
- For consideration by the **new audits of breast cancer**: Ensure key cancer care information continues to be collected and made available for the older patient, to understand and address persistent unexplained variation in the management of breast cancer among older patients – including the promotion, maintenance and updating of “The NABCOP guide to the breast cancer pathway for older women” (Rec #2).
- **All audiences** should: Encourage adoption of “The NABCOP Fitness Assessment For Older Patients” form into routine use among breast units, for all patients aged 70 and over attending the first diagnostic clinic, and – where relevant – upload with the routine data returns (such as COSD for England) (Rec #3).

4. Features of the NABCOP to be taken forward

4.a. New breast cancer audits:

- DC provided an update on the new breast cancer audits. The contract for the new Collaborating Centre has yet to be awarded / announced.
- IK queried whether or not the work and progress of the NABCOP work would be diluted from the transition. DC clarified that the contract extension would provide time to facilitate a successful closure of the audit and transition to the new audits.
- AG queried what the relationship would be between the new breast cancer audits and screening audit. DC felt that whoever is awarded the centre would be in touch with the screening audit to avoid duplication.
- IL agreed that it would be important for early work by the two new breast cancer audits to include a scoping exercise, to engage with parallel (and more granular) initiatives, and ensure there is no duplication of efforts. IL and Catherine Harper-Wynne are keen for key stakeholders, such as representatives from the screening audit, to participate in this work.

4.b. Recurrence pilot:

- KC provided an overview of the recurrence pilot. Members of the CSG have been asked to collect data on patients from MDT records who had been diagnosed with recurrence in the first quarter of 2021, to see if this data could be checked against the data in NCRAS. NCRAS have received this and they are currently checking this. NCRAS will work with the data analyst and the data improvement leads to write a summary of findings and recommendations to inform the work of the future breast audits.
- The NABCOP team have provide feedback to Andrew Murphy regarding COSD v10. The team has agreed that it should focus on improving the understanding the completion of the current recurrence data, rather than introducing new data items. The team also want to look at ensuring that ongoing metastatic disease diagnosis and treatment are captured.
- LW suggested KC take note of the new [the MARECA Study | IBRA NET \(ibra-net.com\)](https://www.ibra-net.com).

4.c. Working Group for Improving Breast Cancer Survival in those over 70:

- The aim of the group is to improve 5-year breast cancer specific survival in patients, 70 and over in the UK, with the aim of matching the best survival rates currently recorded worldwide. The group have been in contact with the Royal College of Radiologists to discuss frailty and frailty assessment. The group are looking at whether the Clinical Oncology Journal can explore the treatment of the older patient, and have met with Breast Cancer Now regarding how they can highlight the treatment of older patients. The group will next meet after the publication of the 2022 Annual Report.

5. Activities to September 2022

5.a. Communication and dissemination of findings of full and public & patients reports incl. Presence at Age Anaesthesia and ABS, 16-17 May 2022:

- The 2022 Annual Report is anticipated to be published on 12 May 2022. Findings from the report will be disseminated at an Age Anaesthesia meeting 13 May, and the ABS Conference on 16-17 May.
- The NABCOP guide to the breast cancer pathway for older women will be reviewed and updated accordingly. The CSG were encouraged to share the guide with their breast cancer teams and provide feedback via Survey Monkey.
- The NABCOP will be publishing supplementary materials alongside the 2022 Annual Report.
- KM provided an update on communications activities to promote the NABCOP 2022 Annual Report findings, and engagement with the report: This will include promotion through the website and social media, as well as through direct email communications (via monitoring software – Dotdigital). For example, the 2021 report was emailed for 923 stakeholders and opened by 58% of these (an increase of 71% compared with 2020).
- CH flagged the fact that there will be an ABS Nursing Conference in October 2022, and invited KH to speak at this event.

Action 26/04:02: The CSG members are invited to revisit the 'NABCOP guide to the breast cancer pathway for older women', with their breast cancer teams, and provide feedback via nabcop@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/>).

Action 26/04:03: CH will liaise with KH to arrange for KH to speak at the ABS Nursing Conference in October 2022.

5.b. Quality Improvement (QI) and dissemination work:

5.c. Submissions for the Care Quality Commission (CQC), NCAS, NHS England's Model Health System, data.gov:

- The CQC slides this year are to include a data completeness indicator for Fitness Assessment (COSD V9). The NABCOP hope that this will stimulate the use of the Fitness Assessment as a standardised means of assessing patient fitness. The NABCOP would advocate for the new audit to continue to engage with the CQC.

5.d. Extended outputs:

- MG gave an overview of the NABCOP extended outputs beyond the 2022 Annual Report. The work taking place looks at some aspects of work from the annual reports that the team feel warrant more in-depth analysis. This work will be written up into journal papers:
 - Adjuvant chemotherapy and trastuzumab for HER2 positive early invasive breast cancer: a comparison to trial populations. This work will look at how the cohort of women (aged 50+) with IBC who received (adjuvant) chemotherapy and trastuzumab in England compare to the cohort in trials that demonstrated the benefit of this treatment combination. It will further investigate if the incidence of cardiac complications vary between women who were in the trials and those who were not include (stratified by their different age and physical fitness profiles). This analysis will look at identifying a cohort of patients in the routine dataset to emulate a RCT, as well as describe the subgroup of under-represented patients. LW noted that it would be interesting to use the Primary Care Prescriptions Database (PCPD) to identify cardiac failure.
 - Learning from work with the PCPD, and access to this data, was flagged as particularly important. IK flagged this as an area of risk during transition to new audits, if the CEU were not to be awarded them. DC reassured the group that this would be flagged as a key area of learning, and for attention, in transition documents.
 - AG noted that it would be interesting to explore the use of ET and other prescriptions by disease group (e.g. ER-positive) – in those not receiving other treatments - by individual hospitals. DD agreed this would be worthwhile, resource allowing.
 - Use of novel systemic anti-cancer therapies within routine practice: A national cohort study of older women diagnosed with breast cancer in England. This work aims to describe the frequency of recording of NICE appraised drugs within the NABCOP cohort and to look at the translation of evidence or guidance into routine practice. This provides an overview of NICE appraisals and guidance on new treatments of breast cancer in the past two decades and in the context for looking at transtuzumab in the older cohort.
- KM presented some preliminary results of a paper titled “does the association between survival and receipt of post-mastectomy radiotherapy vary by age at diagnosis among women with early invasive breast cancer?” This work aims to understand how age at diagnosis influences survival outcomes after PMRT among women with intermediate and high-risk early invasive breast cancer.

Action 26/04:04: The project team will ensure key transition documents, for the new audits, include important areas of learning and flag datasets of key importance – such as the PCPD.

Action 26/04:05: CSG members interested in inputting/contributing to the work being led by MG and KM – as extended outputs – will get in touch with the NABCOP team to confirm this by Friday 13 May 2022.

5.e. Project closure and transition:

- DC provided an update on the project closure and transition. The current NABCOP contract will be extended by 3 months until the end of September 2022, to facilitate the closure of the audit and transition to the new audits, and by a further 6 months as an unfunded extension for the retention of audit records (for extended outputs and/or queries from healthcare providers on recently published results).
- The contract for the new Collaborating Centre (yet to be awarded) is anticipated to start in October 2022. Prior to the close of the project, the NABCOP will disseminate and promote the findings of the 2022 Annual Report, and provide the relevant information to the CQC. The team will complete their extended outputs and provide a short report on the ‘lessons learnt’, whilst delivering the NABCOP, to be shared with the hosts of the new audits.

6. Any other business

KH thanked all current and previous members for the CSG for time and input during the course of the NABCOP. CH commended the NABCOP for their valuable and collaborative work since 2016.

Actions from Clinical Steering Group meeting: 25 November 2021	Owner	Due Date
Action 26/04:01: The NABCOP will communicate any changes to the proposed publication date of 12 May 2022 to the CSG and Stakeholders.	PT	May 2022
Action 26/04:02: The CSG members are invited to revisit the 'NABCOP guide to the breast cancer pathway for older women', with their breast cancer teams, and provide feedback via nabcop@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	30 June 2022
Action 26/04:03: CH will liaise with KH to arrange for KH to speak at the ABS Nursing Conference in October 2022.	CH & KM	September 2022
Action 26/04:04: The project team will ensure key transition documents, for the new audits, include important areas of learning and flag datasets of key importance – such as the PCPD.	PT	September 2022
Action 25/11:05: CSG members interested in inputting/contributing to the work being led by MG and KM – as extended outputs – will get in touch with the NABCOP team to confirm this by Friday 13 May 2022.	CSG	13 May 2022

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