

## Clinical Steering Group Meeting

Friday 28 November 2019, 11:00-13:00  
Research Board Room, Royal College of Surgeons of England

### MEETING MINUTES

#### Present:

Kieran Horgan (Chair)	Melissa Gannon	Katie Miller
Nicolo Battisti	Margot Gosney (by TC*)	Andrew Murphy
Karen Clements	Lis Grimsey	Emma Pennery
David Cromwell	Jacquie Jenkins (by TC*)	Janice Rose
Marianne Dillon	Ian Kunkler	Richard Simcock
David Dodwell	Fiona MacNeill	Sophia Turner
Ashu Gandhi	Jibby Medina	Lynda Wyld

#### Apologies:

Deborah Fenlon	Stanley Ralph	Tom Robinson
Catherine Foster	Alistair Ring^	Nisha Sharma
Chris Holcombe		

#### 1. Welcome, Introductions and apologies

- The chair welcomed the group to the Clinical Steering Group (CSG) meeting for the National Audit of Breast Cancer in Older Patients (NABCOP). All members in attendance introduced themselves, and apologies were given for those unable to attend. Margot Gosney and Jacquie Jenkins joined the meeting via Teleconference\*.
- No declarations of any conflicts of interest were made.
- The minutes of the last Clinical Steering Group Meeting on the 7 March 2019 were reviewed, and approved as a true and accurate record of the meeting.
- There were no matters arising.
- The chair welcomed Janice Rose, Patient Representative, from the charity Independent Cancer Patients' Voice (ICPV) and Katie Miller, the NABCOP's new Clinical research Fellow; attending the CSG for the first time.

#### 2. Project Overview

- a) Highlights since March 2019
  - KH gave an overview of the NABCOP Project highlights since March 2019.
- i. NABCOP initiative to change practice:
  - The NABCOP have the following improvement goals, as included in their Quality Improvement (QI) Plan for HQIP (May 2019):
    - To increase the rate of surgery for fit older women with early invasive breast cancer (EIBC).
    - To increase the use of reliable, consistent description of patient frailty and cognition.

## ii. Publications from Year 3 work

- The NABCOP 2019 Annual Report, and the public and patients version, were published in May 2019. KH took the opportunity to thank the CSG for the valuable input provided by the patient representatives in producing both reports.
  - Key findings from 2019 were summarised by MG, and thoughts welcomed on amendments and analyses to be included in the NABCOP 2020 Annual Report (this was discussed further under [item 3.a](#)).
    - LW suggested drawing the ER-negative median line on the ER-positive side of Figure 7.2 in the 2019 Annual Report to more easily highlight differences in practice within an NHS organisation.
    - IK suggested that section 1.3 on the management considerations for older women with breast cancer be renamed to 'implications for practice and future research'.
  - Alongside the annual report, nine supplementary materials have been published on the NABCOP website. These material include: the 2019 NHS Organisational Data Viewer, Annual Report Methodology, Annual Report Supplementary Guide, Fitness assessment for older patients in breast clinic, Improving data completeness, NABCOP CancerStats Area, data case studies, Regional Presentational Slide Set Template and Local Action Plan Template. JM invited the CSG to provide feedback on these materials, and welcomed suggestions for any additional supplementary materials (this was discussed further under [item 3.c](#)).
  - With regards to publicising the launch of the reports, and communicating key findings:
    - IK suggested that the Annual Report be available for download from the websites of local participating sites (Trusts/Health Boards), in order to increase download numbers. KH suggested that the PT explore this.
    - IK suggested that a podcast by a member of the NABCOP team or the president of the ABS (on the NABCOP findings), would be a good way to publicise NABCOP findings. EP suggested that Breast Cancer Care/Now could arrange an interview and post it on their Facebook page.
- Action: 28/11-01:** The NABCOP PT will explore the best way to increase the number of downloads of our Annual Reports; including seeking that links to NABCOP reports be added to the websites of key stakeholders.
- Action 28/11-02:** JM will liaise with EP re the potential for a Breast Cancer Care/Now interview to publicise NABCOP 2020 findings.

- The NABCOP Project team have published two peer-reviewed papers to date; which can be downloaded from the audit website:
  - Surgery and adjuvant radiotherapy for unilateral ductal carcinoma in situ (DCIS) in woman aged over 70 years: A population based cohort study.
  - Addressing frailty in patients with breast cancer: A review of the literature.
- The PT are in process of finalising and submitting a further four peer-reviewed papers:
  - Use of adjuvant chemotherapy and trastuzumab for human epidermal growth receptor 2-positive early invasive breast cancer in a population-based cohort study of older women in England.
  - Construction of the secondary care administrative records frailty (SCARF) index and validation on older women with operable invasive breast cancer in England and Wales.
  - Breast surgery for older women with early invasive breast cancer in England and Wales with a focus on ER status.
  - Determinants of competing risk for three-year survival following breast surgical treatment in women aged  $\geq 50$  years with triple negative breast cancer (TNBC) in England and Wales: A population based study.
- The NABCOP project team have given several presentations throughout the year, to disseminate NABCOP findings, at national and local meetings.

## 3. NABCOP 2020 Annual Report – 1<sup>st</sup> draft due 5 March 2020

- a) Proposed list of Chapters for 2020 AR – this was circulated in advance of the meeting

- Thoughts on the content of the NABCOP 2020 Annual Report were welcomed.
  - IK suggested we explore who had surgery but received no radiotherapy. RS clarified that radiotherapy and post-conservation would be interesting.
  - RS encouraged the PT to report on information on shared decision making. This will be done using information from four years of CPES data (2015 to 2018).

b) New Chapters:

i. Fitness assessment form for older patients in breast clinic (Chapter 3)

- The Fitness Assessment for Older Patients in Breast Clinic chapter will appear earlier in the report (than in 2019).
- From 2020, information from the assessment form will be collected under six data items in COSD V9 (Triple Diagnostic Assessment in a single visit will also be collected in COSD V9). This change will be publicised during COSD Roadshow presentations to be given by KC and DC in January and February 2020; and via other NABCOP communications (including the quarterly Newsletter).
- MD confirmed that the fitness data items to be captured by COSD (in England) will become a mandatory part of the Welsh dataset.
- There was some discussion around the addition of the 'known diagnosis of dementia' item to the Fitness Assessment for Older Patients in Breast Clinic: MGos noted that, due to variation in patient cognitive impairment, all patients should complete the Abbreviated Mental Test Score, regardless of a known diagnosis of dementia. MGos cautioned that a patient may be functioning very well despite a diagnosis of dementia, and there may be a danger of judging that they are not eligible for treatment – and therefore the AMTS should be completed for all patients. This would be very useful for pre- and post-operative comparisons.
- AG reminded the PT of the need to consider patients for whom English is not their 1<sup>st</sup> language. The PT is to consider whether or not to clarify that the current frailty measure be used only for patients for whom English is their 1<sup>st</sup> language.

**Action 28/11-03:** The NABCOP PT will continue to reflect on feedback provided on the Fitness Assessment for Older Patients in Breast Clinic and the utility of this tool (with its current structure).

ii. Short-term outcomes (Chapter 10)

- For the first time, the 2020 Annual Report will include a chapter on short-term outcomes, specifically short-term all-cause mortality following chemotherapy for invasive breast cancer. The PT have begun work on this but are looking for input from the CSG. MG presented a table of results for the percentage of women with invasive breast cancer who died within 30 days of their last cycle of chemotherapy, by age at diagnosis. The findings of this are consistent with external publications on 30-day mortality rates after systematic anticancer treatment for breast and lung cancer in England. It was suggested to look at high risk stratification.
- MG presented information on treatment decisions made at NHS-Organisation-level based on case vignettes data, as reported by the NHS organisational audit in 2016/17, compared to patterns of care described in the current prospective dataset. The chair asked the CSG to provide input on the use of the case vignettes via email.
  - LW suggested a Vignettes looking at chemotherapy v Herceptin would be interesting to look at.

**Action 28/11-04:** The PT will consider the feedback provided by the CSG on the NABCOP 2019 Annual Report, and ideas for the 2020 one, when drafting the NABCOP 2020 Annual Report.

**Action 28/11-05:** The PT will consider the feedback provided by the CSG, on the short-term outcomes Chapter when refining the analyses for the 2020 AR, and implement changes to address key points as appropriate.

**Action: 28/11-06:** The CSG are to provide feedback on the case vignettes included in the NABCOP 2020 organisational audit.

c) Suggestions based on 2019 Annual Report and supplementary materials - welcomed

- The PT invited the CSG to visit the supplementary materials on the NABCOP website, and provide feedback, via email, on any advancement or additional materials.  
**Action: 28/11-07:** The CSG are to provide the NABCOP PT with further feedback, via email, on the content of the NABCOP 2020 Annual Report, the supplementary materials, and additional ways of publicising findings.

d) Publication of 2020 Annual Report

- The first draft of the 2020 Annual Report is to be sent to HQIP on 5<sup>th</sup> March 2020, with publication due on 11<sup>th</sup> June 2020, prior to the 2020 ABS conference on 15<sup>th</sup> and 16<sup>th</sup> June. The first draft will be circulated to the CSG shortly after 5<sup>th</sup> March 2020.

#### 4. Use of NABCOP data by patients

a) How NABCOP information can complement other information (NHS, CR, UK, MacMillan) available for patients.

- Consideration of this is underway, with input from the CSG subgroup including patient representatives and advocates.
- In addition, the PT will give a presentation at the next UseMyData Workshop, in the spring 2020, and seek further patient input on how NABCOP findings can be best utilised by patients.

b) Plan for input on public and patients version

- KM provided an overview of input to be utilised to draft the public and patient report. For example, KM and MG attended an HQIP service user network (SUN) meeting, attended by patient representatives from a cross a wide range of disease groups, to obtain feedback on the public and patient report. The report was well received in terms of content and report distribution. KM presented NABCOP's current methods of communications i.e. NABCOP website, Twitter, MyNHS website and CSG.
- KH thanked ST for her input on different aspects of the patients and public report.  
**Action: 28/11-08:** The PT will work closely with the CSG subgroup including patient representatives and advocates to: Produce the patient version of the NABCOP 2020 Annual Report, and better disseminate findings for patients.

#### 5) Any other business

a) Update on collaborations: GIRFT, COP and CQC

- GIRFT will publish its national report in 2020.
- The COP website was decommissioned in November 2019. FM suggested that consultant level outcome data may be published on the Model Hospital website in future.
- CQC have two NABCOP slides that they are using when visiting hospital, to ensure that all trusts are recording relevant NABCOP data items. IK suggested attempting to assess the impact of these being introduced (as part of CQC inspector's visits) in October 2019.

b) Suggested date of next meeting: **Thursday 12 March 2020 11:00-13:00** and **Thursday 26 November 2020 11:00-13:00** – both at the Royal College of Surgeons of England.

#### 6) Presentation by Professor Richard Gray, Oxford University

- Professor Richard Gray gave a presentation on the results of Early Breast Cancer Trialists' Collaborative Group (EBCTCG) analysis, and the impact of surgery on long-term outcomes in older patients.
- Following this, KH asked meeting attendees – including both CSG and Project Board (PB) members – if they were happy to agree that the NABCOP should promote increasing the rate of surgery for fit older women with early invasive breast cancer (EIBC).
- CSG and PB members agreed to sign off on this NABCOP goal if certain caveats were made to this statement.

- Therefore, **Action: 28/11-09**: KH and DD will draft a banner statement based on NABCOP results of differing rates of surgery, for fit older women with EIBC draft this, and seek input on it from the CSG, PB and key ABS stakeholders – to confirm recognition of the banner statement and record caveats by breast cancer community.

<b>Actions from Clinical Steering Group meeting: 28 November 2019</b>	<b>Owner</b>	<b>Due Date</b>
<b>Action: 28/11-01</b> : The NABCOP PT will explore the best way to increase the number of downloads of our Annual Reports; including seeking that links to NABCOP reports be added to the websites of key stakeholders.	PT	June 2020
<b>Action 28/11-02</b> : JM will liaise with EP re the potential for a Breast Cancer Care/Now interview to publicise NABCOP 2020 findings.	JM	June 2020
<b>Action 28/11-03</b> : The NABCOP PT will continue to reflect on feedback provided on the Fitness Assessment for Older Patients in Breast Clinic and the utility of this tool (with its current structure).	PT	Ongoing
<b>Action 28/11-04</b> : The PT will consider the feedback provided by the CSG on the NABCOP 2019 Annual Report, and ideas for the 2020 one, when drafting the NABCOP 2020 Annual Report.	PT	11 June 2020
<b>Action 28/11-05</b> : The PT will consider the feedback provided by the CSG, on the short-term outcomes Chapter when refining the analyses for the 2020 AR, and implement changes to address key points as appropriate.	PT	11 June 2020
<b>Action: 28/11-06</b> : The CSG are to provide feedback on the case vignettes included in the NABCOP 2020 organisational audit.	CSG	15 June 2020
<b>Action: 28/11-07</b> : The CSG are to provide the NABCOP PT with further feedback, via email, on the content of the NABCOP 2020 Annual Report, the supplementary materials, and additional ways of publicising findings.	CSG	5 March 2020
<b>Action: 28/11-08</b> : The PT will work closely with the CSG subgroup including patient representatives and advocates to: Produce the patient version of the NABCOP 2020 Annual Report, and better disseminate findings for patients.	PT	11 June 2020
<b>Action: 28/11-09</b> : KH and DD will draft a banner statement based on NABCOP results of differing rates of surgery, for fit older women with EIBC draft this, and seek input on it from the CSG, PB and key ABS stakeholders – to confirm recognition of the banner statement and record caveats by breast cancer community.	KH and DD	Ongoing

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