

## Meeting of the PCA Skin Site Specific Group

16<sup>th</sup> November 2017; 14:00-16:00

Lifton Farm Shop (Strawberry Fields Conference Room), Lifton, PL16 0DE

### **FREEDOM OF INFORMATION**

*This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.*

### Draft Notes

**Chair:** Dr Karen Davies

*Consultant Dermatologist, North Devon Healthcare NHS Trust*

Reference	Action
1.0	<b>Welcome and Introductions (KD)</b>
1.1	(Please refer to separate attendance record <a href="#">here</a> ).
2.0	<b>Previous Meeting Minutes</b>
2.1	The minutes of the meeting held on 18 <sup>th</sup> May 2017 were considered and accepted as an accurate record.
3.0	<b>Matters Arising</b>
3.1	The group would like to invite a speaker to discuss radiotherapy treatment options for Squamous Cell Carcinoma (SCC) at the next SSG meeting.
3.2	<b>Action:</b> NK to invite Toby Talbot/Vicky Ford to speak at the next meeting. <b>NK</b>
4.0	<b>Skin Lymphoma Services (update)</b>
4.1	The network SSMDT for cutaneous lymphoma is led by Giles Dunnill at Bristol Royal Infirmary (BRI).
4.2	Rachael Wachsmuth holds a limited clinic for lymphoma patients in Exeter, however the availability of haematology support is not consistent and there are concerns about the capacity to maintain the clinic.
4.3	Complex patients should be referred to BRI (patients discussed by the Haematology MDT in Cornwall are referred to London).
4.4	Local MDTs need to ensure that the patient's pathway plan is clarified prior to referral to another centre to ensure continuity of care.

- 5.0 **Thickness/Depth of Invasion of Squamous Cell Carcinoma**
- 5.1 **Exeter**-When listing patients with SCC for MDT discussion, one or more poor prognostic features are looked at; patients are also allocated a follow-up (the time frame for which is dependent upon a number of criteria).
- 5.2 Emphasis is placed upon the thickness and depth of invasion. However, guidance from the American Joint Committee on Cancer (AJCC) clearly stipulates a difference between the thickness of the tumour and the depth of invasion.
- 5.3 There is potential for inconsistency in the way that the thickness of SCC is reported. Histopathologists should be adhering to a standardised approach of reporting across the Peninsula.
- 5.4 There should also be a standard minimum data set for SCC.
- 5.5 The British Association of Dermatologists is in the process of updating the existing Multi-professional guidelines for the management of the patient with primary cutaneous squamous cell carcinoma (2009).
- 5.6 **Action:** NK to draft a letter on behalf of the group to each named lead histopathologist across the Alliance, to ask for assurance that a standardised approach to reporting is achieved with consistency. **NK**
- 6.0 **Merkel Cell Carcinoma (MCC)-Management, Guidelines and PCA Audit**
- 6.1 It was proposed that the SSG will undertake a prospective audit focusing on the management of MCC.
- 6.2 **Action:** KD to send out draft audit questions/guidelines to the MDT leads for comment prior to formally agreeing participation and a start date. **KD**
- 6.3 **Action:** KD to draft an update to the guidance set out in section 6.3 (radiotherapy) and sections 6.0-6.1 (frozen sections) of the existing shared clinical guidelines. The draft will be sent out to the group for approval. **KD**
- 6.4 The importance of documenting treatment considered, but not suitable for patients with MCC, within the patient notes was reiterated.
- 6.5 **Action:** Toby Talbot (TT) to contact Anne McCormack with regards to obtaining information about a new trial for MCC patients (to be fed back to the group). **TT**
- 7.0 **Clinical Guidelines**
- Action:** NK to re-format the existing shared clinical guidelines to ensure ease of reference and to include any relevant background information since the previous Network groups were disbanded and **NK**

Alliances formed.

8.0 **GP Study Day**

8.1 The next GP skin cancer study day will be held on Thursday 22<sup>nd</sup> March 2018 at the Arundell Arms Hotel, Lifton (details TBC).

8.2 It was proposed that an invitation to the event be sent to the commissioning leads for cancer across Devon/Cornwall CCGs to share with GPs undertaking skin cancer work.

8.3 The current GP contact list may not be capturing all relevant GPs across Devon/Cornwall.

8.4 **Action:** NK to liaise with KD with regards to contacting the CCG commissioners and the best approach to ensuring that all relevant GPs are identified and contacted. **NK**

8.5 **Action:** NK to update the GP feedback form prior the study day. **NK**

8.6 **Action:** NK to obtain a copy of the standard GP audit form and disseminate to the group. **NK**

9.0 **Margins around in situ Malignant Melanoma (MM)**

9.1 It was noted that national guidance differs.

9.2 **Action:** KD to consider national guidance against the advice set out within the existing shared clinical guidelines document. **KD**

10.0 **Living with and Beyond Cancer**

10.1 **Action:** Maria Bracey to be invited to present at the next SSG meeting. **NK**

11.0 **AOB**

11.1 The Plymouth team has been successful in their bid to obtain funding for a dermatoscope (this was with the help of the information cited in the NICE (2016) Skin Cancer Quality Standard document).

11.2 **Action:** KD to feedback to Tim Burn (New Devon CCG) and John Finn in relation to some commissioning issues arising from GPs operating. **KD**

11.3 Concern was raised regarding a lack of trainee dermatologists in the Peninsula.

11.4 **Private Providers:** It was noted that private providers are not contributing to the costs associated with discussing their patients in NHS MDTs. Also, peer review requirements do apply to private providers undertaking NHS work-it is unknown if this information is

being captured.

- 11.5 The question of whether dissection is being recommended for positive sentinel nodes was raised.
- 11.6 **Action:** NK to email MDT leads to seek clarification on this point from their plastics teams. **NK**
- 12.0 **SSG Meetings Dates 2018**
- 12.1 Thursday 17<sup>th</sup> May 2018 (2pm-5pm)  
Thursday 15<sup>th</sup> November 2018 (2pm-5pm)

\*PLEASE SAVE THESE DATES\*\*  
Further details to be confirmed nearer the time.

**Summary of Actions**

Action Owner	Minute Reference	Action
<b>Karen Davies</b>	Merkel Cell Carcinoma (6.2)	Send out draft audit questions/guidelines to the MDT leads for comment prior to formally agreeing participation and a start date.
	Clinical Guidelines Update (6.3)	Update the guidance set out in section 6.3 (radiotherapy) and sections 6.0-6.1 (frozen sections) of the existing shared clinical guidelines. To be sent out to MDT leads for approval.
	Margins around in situ Malignant Melanoma (9.2)	Consider national guidance against the advice set out within the existing shared clinical guidelines documents and amend is necessary.
	Commissioning Issues (11.2)	KD to feedback to Tim Burn (New Devon CCG) and John Finn in relation to some commissioning issues arising from GPs operating.
<b>Toby Talbot</b>	MCC Trial Information	Contact Anne McCormack with regards to obtaining information about a new trial for MCC patients (to be fed back to the group).

<p><b>Nina Kamalarajan</b></p>	<p>Radiotherapy treatment options for SCC (3.2)</p> <p>Consistency in Histopathology reporting of SCC (5.6)</p> <p>Clinical Guidelines (7.0)</p> <p>GP Study Day (8.4-8.6)</p> <p>Sharing Good Practice (10.1)</p>	<p>Invite Toby Talbot/Vicky Ford to speak at the next meeting.</p> <p>Draft a letter on behalf of the group to each named lead histopathologist across the Alliance, to ask for assurance that a standardised approach to reporting is achieved with consistency.</p> <p>Re-format the existing shared clinical guidelines to ensure ease of reference and include any relevant background information since the previous Network groups were disbanded and Alliances formed.</p> <p>Liaise with KD with regards to contacting the CCG commissioners and the best approach to ensuring that all relevant GPs are identified and contacted.</p> <p>Update the GP feedback form prior the study day.</p> <p>Obtain a copy of the standard GP audit form.</p> <p>Invite Maria Bracey to the next SSG to share the LWBC work under taken in Exeter.</p>
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