

Meeting of the Skin Site Specific Group

Thursday 15th November 2018

Roadford Lakes, Broadwoodwidge, Devon

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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.

SSG Chair: Dr Karen Davies

Consultant Dermatologist- North Devon Healthcare Foundation Trust

Reference

DRAFT NOTES

1.0 Welcome and Introductions

1.1 Please refer to separate record of attendance [via this link](#)

2.0 The minutes of the previous meeting were considered;

Matters arising

2.1 **Ref: 3.1** The group discussed the necessity to make available to GPs the agreed shared clinical guidelines document; it would be helpful if a link to these could be added to the formulary website.

2.2 NK explained that attempts had been made to update the existing guidelines, however there had been a number of challenges;

- (i) A request was previously made for the existing document to be separated out into smaller, individual documents (per cancer type). This requires direct clinical input to ensure that information is edited appropriately.

Action: NK to email members to request clinicians to volunteer for a chapter each, link up with to amend each chapter (rather than one person taking on the whole document).

Action: Once the chapters are finalised and accepted by the group, NK will contact Eileen Deakin (GP/Commissioner) to facilitate publishing in the formulary.

- (ii) The RCGP have published new guidelines for GPwER (previously referred to as GPwSI). These will need to be considered in relation to the existing recommendations and amended accordingly.

2.3 KD reminded the group that the next GP Networking Course is being held on 21st March 2019 and will shortly be requesting volunteers for the event.

3.0 Role of completion lymphadenectomy (CL)

[NG14 \(2015\)](#) recommends the following;

“1.7.1 Consider completion lymphadenectomy for people whose sentinel lymph node biopsy shows micro-metastases and give them detailed verbal and written information about the possible advantages and disadvantages...”

It was agreed that consensus is required as to who is offered CL and how these patients are followed up as there is currently variation in practice.

4.0 Sentinel Node Biopsy (SLNB)

NG14 advises the following;

1.5.1 Do not offer imaging or sentinel lymph node biopsy to people who have stage IA melanoma or those who have stage IB melanoma with a Breslow thickness of 1 mm or less.

1.5.2 Consider sentinel lymph node biopsy as a staging rather than a therapeutic procedure for people with stage IB–IIC melanoma with a Breslow thickness of more than 1 mm, and give them detailed verbal and written information about the possible advantages and disadvantages...”

Discussions revealed that there is a lack of consistency as to who is offered SLNB and concerns that patients who may benefit from SLNB may not be offered it.

The group were of the view that they should follow NICE guidelines, however, concerns were raised that there may be patients with melanoma of less than 1mm thickness who could potentially benefit from SLNB.

In the absence of updated guidance, it was agreed that a number of factors should be considered such as age, fitness and whether the patients are able to manage the consequences of a positive sentinel node being found.

Action: KD to contact the plastic surgeons across the Peninsula trusts to agree the criteria for offering CL and SLNB.

5.0 Skin Oncology Update- Dr Toby Talbot

Update presented to the group: click [here](#) for presentation slides.

6.0 Fluorescence in situ hybridization (FISH) test

The usefulness of FISH testing as a prognostic indicator for spitzoid tumour of uncertain malignant potential (STUMP) was discussed.

The group were unclear as to whether they should be routinely requesting FISH testing; there also appears to be inequity across the Peninsula with regards to accessing funding for this test.

Action: KD to seek advice from Pathology as whether or not clinicians should

be proceeding with FISH testing in cases of STUMP.

7.0 MDT Streamlining

7.1 The group discussed the recent Peninsula MDT event and the NHSE MDT streamlining pilot project that Professor Martin Gore is currently leading on.

In January 2018, the British Association of Dermatologists published their response to these proposed reforms, alongside a number of key recommendations; Follow this link for further information; [BAD 2018](#).

The group were of the view that the BAD publication provided a common sense approach to streamlining MDTs.

8.0 National Cancer Patient Experience Survey

Truro reported higher patient experience results compared to the National Average.

No other results were shared, however it was noted that a large number of skin cancer patients views are missed as the NCPES only capture inpatient views.

9.0 GPwER- RCGP Framework

The [RCGP](#) has published their new framework for GPs with an extended role in dermatology and skin surgery (GPwER).

The group discussed potential implications of the new framework, in particular the expectation that each GP undertaking the accreditation will require monthly supervision which may place unnecessary burden on secondary care.

The group were of the view that a pragmatic approach should be taken to the provision of such support for GPwER, and it was suggested that GPs who undertake some surgical procedures may fall under DES/LES.

10.0 AOB

EM requested that invitations to the next GP Skin Cancer event are limited to GPs that regularly manage and treat skin cancer (as opposed to a more general attendance).

Action: NK will amend the phrasing on the invitation and ask KD to approve prior to sending out.

Action: KD to approach colleagues to present at the event.

11.0 Oncology input at MDTs

Concerns were raised that Oncology attendance at the skin MDT (North Devon/Exeter) is sub-optimal and this may result in inconsistent decisions being made.

It was also suggested that there should be a separate MDT for Melanoma.

Action: KD to email Liz Toy (Clinical Lead for Cancer Services at the RD&E) and the Medical Director (Adrian Harris) to discuss further.

12.0 Nominations for Skin SSG Chair

KD addressed the group to announce that this would be her last meeting as Skin SSG chair as she had new commitments.

The group expressed their gratitude for KD's hardwork, leadership and guidance over the year.

Action: NK will email the group to ask for nominations to be submitted.

13.0 Research/ Audit Update and Living with and Beyond

Due to time constraints, it was agreed that the Living with a Beyond update will be carried over to the next meeting.

Please refer to this link for a summary of research activity.

14.0 Date of next meeting

TBC