

Minutes

Radiation Oncology Working Group (ROWG)

Date: Tuesday 15th March 2022

Time: 10am to 2:15pm

Location: Via Zoom

Chair: Claire Hardie, Radiation Oncologist, MidCentral DHB

Attendees: Aimee Bourke, General Manager, Auckland Radiation Oncology
 Andrew Cousins, Radiation Oncology Medical Physicist, Canterbury DHB
 Benji Benjamin, Auckland Radiation Oncology
 Cristian Hartoceanu, Radiation Oncologist, Waikato DHB
 Darien Montgomerie, Site Manager, Bowen ICON Cancer Centre
 John Childs, Radiation Oncologist – Clinical Lead, ADHB – Regional Cancer and Blood Service
 Koki Mugabe, Radiation Oncology Medical Physicist, Waikato DHB
 Leanne Tyrie, Radiation Oncologist, Clinical Director/Chief Operating Officer, Kathleen Kilgour Centre
 Louise Simonsen, Radiation Therapist, Auckland DHB
 Marj Allan, Consumer member
 Megan Purves, New Zealand Branch Manager, Royal Australian and New Zealand College of Radiologists (RANZCR)
 Michael Taylor, Radiation Therapist, Waikato DHB
 Natasha Chisholm, Nurse Specialist, Canterbury DHB
 Nichola Naidoo, Radiation Oncologist, Capital & Coast DHB
 Rix du Plessis, Radiation Oncologist, MidCentral DHB
 Scott Babington, Radiation Oncologist, Canterbury DHB
 Shaun Costello, Radiation Oncologist, Southern DHB
 Viv Ali, Practice Manager, St Georges Cancer Care Centre

Apologies: Judy Moselen

Guests: Rachael Bissell and William Starbuck (Elekta), Rebekah Sizer (CCDHB), Kate Chadwick (University of Otago)

Te Aho o Te Kahu: Gabrielle Nicholson, Tess Luff, John Manderson, Alex Dunn, Cushla Lucas, Lakin Motu, Rose Simpson
 Nicholas Glubb

Minutes: Amanda Wooding

Item

<p>Minutes, actions, and review of the conflicts of interest register</p>
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| <ul style="list-style-type: none"> • The minutes of the meeting held on 11 November 2021 were accepted as a true and correct record. • The action register was reviewed. All actions were complete/progressing. • The decision register was received and noted with no changes. • The conflicts register was received and noted with no changes. • The COVID-19 decision register was received and noted with no changes. • The MOWG minutes from 23rd June and 10th November 2021 were received and noted for information. |
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- **Membership Update:**
 - Two centre manager role nominations received. Members advised no issues for either candidate. Agreed next steps is to request for each to prepare a summary as to why they would be suitable for the role and the Chair and Te Aho o Te Kahu will decide.
 - ROWG requires an additional consumer and two Māori members.

Action: Te Aho o Te Kahu to request further information from centre managers and seek nominations for new members.

Te Aho o Te Kahu update

Cancer Service Planning Work: Providing advice to Health NZ and Māori Health Authority regarding the way specialist cancer treatment and support services could/should be organised and distributed in Aotearoa to achieve optimal and equitable outcomes. Recommendations have gone to the Minister and Transition Unit. A more specific briefing has been requested by Health NZ.

The Bowel QPI monitoring report has been released for feedback. A recalculation of the original report from 2019. ROWG has received a copy. Pancreas and breast QPIs are continuing to progress.

Action: Any radiation treatment concerns relating to the QPI cancer reports to be raised with Te Aho o Te Kahu.

COVID-19 update

Tess Luff joined the meeting.

An overview of current Te Aho o Te Kahu COVID-19 work was given:

- Te Aho o Te Kahu continue to link with DHBs, Ministry of Health, ROWG, MOWG and HWG regarding COVID-19 matters addressing issues as they arise. An example of work is a request to Pharmac to relax the short-term special authority criteria for some chemotherapy agents. An offer to share the letter with ROWG has been extended.
- New communications materials have been developed with Hei Āhuru Mōwai with a focus on messaging to whānau in the context of Phase 3 (awaiting final sign off) (available to ROWG).
- Working with the COVID-19 care in the community team who have asked us to review website for high-risk people.
- Regular updates on the Te Aho o Te Kahu website.
- Overall, Te Aho o Te Kahu has a focus on ensuring equity/not increasing inequities during the pandemic.
- Recent updates for COVID-19 and cancer services guidance document.

COVID-19 impact on regions

Each centre provided feedback on how they were managing COVID-19 within their departments to maintain service and protect patients and staff. Noted that COVID-19 was impacting staffing levels across the centres.

It was noted that the varying approaches are based on each DHB's interpretation of the Ministry of Health guidelines. Further questions or concerns can be emailed to Tess directly.

Consent Form Project Update

Lakin Motu joined the call and presented on the Consent Form Project. Refer to circulated slides.

ROWG Feedback

Two scenarios in NZ where legally required to gain a written consent:

1. When patient is going to be treated under a GA (section 7D), and
2. When side effects would be outside the standard expected side effects

There was consensus that all regions would like to manage consent in the same 'seamless' manner, with a preference towards electronic. Consistently and thoroughly informing the patient of the risks and gaining their consent regardless of the method of signing is the focus. Translation into multiple languages will be important to support this process. It was agreed that prostate and breast cancer patients might be good to test the electronic method.

Radiation therapy counting/PUC update - Refer to circulated slides

Te Aho o Te Kahu staff gave an update on the project, overview below:

- Counting only from 1 July 2022 is still the plan with work required on data quality and costing before formal go-live is confirmed.
- Paper drafted and with working group, will be sent to ROWG members for feedback before funders and planners' review.
- Seek agreement of a new way of work, current approach is focused on event counting and need to move away from that, and more towards planning.
- Proposed as revenue neutral.

ROWG feedback: A shift from event funding to planning complexity funding but understand that this will be re-looked at in the next couple of years.

Structured pathology project update

Te Aho o Te Kahu staff gave an update on the project:

- Laboratory systems must capture and report the pathology data needed for timely clinical decision making.
- DMR team undertook a proof-of-concept test last year, the proof of concept and learning from the breast cancer workstream have streamlined processes enabling the group to move forward in 2022.
- Overall Clinical Lead is Dr Michael Lau (Southern Community Labs, Dunedin).
- Currently exploring te ao Māori for Pathology and ensuring consumer feedback is fully supported.
- Working closely with the Royal College of Pathologists of Australasia, the NZCR, the Breast Cancer Foundation, and the screening unit.
- International protocol is reviewed to find out if that particular protocol is up to date and the resource available to turn this into data specs. Once confirmed, then a data spec is developed to cover request and report.
- Six pathologists in the gynae space, with prostate, haematological and gastrointestinal cancers currently being scoped.
- Data spec for pre-visit electronic form with feedback boxes was demonstrated to the group.
- Standardizing terminology is important and feedback on this would be welcomed.
- By the end of year, data specifications available for all cancers and expect to pilot implementation.

ROC Update

Te Aho o Te Kahu staff gave an update on the project, overview below:

- Still requires a large amount of clinician and data manager resource.
- Proposal to pause the ROC enhancements until post-COVID-19. Restart the project in June 2022.

Decision: All ROWG members in agreement to pause the project and revisit later in the year.

ROC Data Requests – Refer to page 57 in the meeting pack

Seeking all centre data, including private centres, but will not identify the treating provider from the data.

1. Request #1 - From Professor Ian Bisset's team – Want to understand the watch and wait response in patients with rectal cancer and look at patient outcomes associated with this management approach. A basic data set requested, for all relevant patients receiving this treatment.

Decision: All in agreement to allow the request.

2. Request #2 – From Ross Lawrenson - Impact of diabetes on the treatment of breast cancer. Request to link the breast cancer research data to the ROC.

Decision: All in agreement to allow the request.

3. Request #3 – Vanessa Selak, University of Auckland – Predicting cardiovascular disease in breast cancer patients expected to live more than 5 years. Requested date of first administration of radiation therapy (if any). Would not be able to identify the treating centre. The most reliable data would be accessed via the ROC.

Decision: All in agreement to allow the request.

It was noted that St Georges were not on the call at the time of discussion, therefore their consent to the above three requests needs to be obtained offline.

Head & Neck Cancer Project Update

Rebekah Sizer presentation – Refer to report that has been sent out. Overview below:

- Age standardization for the groups, based on 63 years as the median age of the Pakeha group to reduce any compounding effect of the groups.
- Neither age, nor ethnicity showed as impactful on accessing surgery or RT commencement.
- Looked at the 'median' data to review the wait time from diagnosis to surgery.
- Areas identified where data was not clean. Suggested areas for investigation and/or improvements.
- Overall, minimal statistical significance.

ROWG Members' Feedback:

Staging inputs have been improved recently, and an analysis of the difference between older and more recent data would be of value.

Those clinical leads on the call can share the report with head and neck specialists in their teams.

ROWG members would like to see the final report.

University of Otago radiation therapy research request

Kate Chadwick delivered presentation regarding her research: *Looking into the planning practice of new radiation therapy graduates in NZ and how well they are prepared for clinical practice.*

- All planning techniques taught, but it's unclear as to the proportion of the patients/body sites treated with each technique and variation between the departments.
- New technology and techniques are developed, but the university is unsure as to when to remove older techniques.
- The reduction of the 3DCRT is occurring, with a move towards VMAT and IMRT, but when is the right time to let go of the 3D concepts?
- NGRT survey showed that 10/11 graduates felt moderately prepared for clinical practice. All senior planners involved agreed.
- Limited information gathered as to the needs of the clinics regarding new graduates based on multiple factors including participants studying during COVID-19 pandemic. Therefore, request for clinical workload and a breakdown of clinical planning techniques to analyse how new graduates can meet the needs of NZ departments.

ROWG Members' Feedback:

RTAP would be interested in seeing this presentation.

Look at where the clusters of students are working – these are not always dispersed evenly and an assessment of this during the study would be ideal.

Consider what is required in the future, rather than current techniques.

Action: ROWG members have been requested to send in information on treatment techniques for various tumour sites across the country.

ProKnow System

Rachael Bissell and William Starbuck presented information from Elekta on a solution used by a number of radiation centres across the world as a means of mitigating against significant loss of RT planning information, such as in the event of an earthquake or cyber-attack.

- Cloud storage solution to backup patient data and allow sharing between sites if needed (e.g., natural disaster).
- Includes planning and treatment data and imaging.
- Access control options, each site having control over which patient data is shared.
- Provides opportunity to improve planning and for benchmarking/quality assurance through analytics.
- Centralized deployment, with separate sites so that in the event of a cyber-attack to one site, the other sites can continue to be utilized. Similarly, in the case of a natural disaster patients can be transferred to other sites to ensure the continuity of care.
- Data share, without the lack of privacy between sites (clinics).
- Trends and patient treatment data can be reviewed.

ROWG Discussion:

Elekta thanked for the presentation and the information that was shared. However, ROWG would need to consider all approaches and vendors that would be able to provide such a solution.

Query regarding appropriateness of presentation considering government procurement processes, and the need for alternative platforms.

It was noted that the 'CanShare' programme is being developed currently under Te Aho o Te Kahu and the Elekta platform is one option to be considered amongst other options to support this.

Action: *Te Aho o Te Kahu DMR team to consider next steps and bring back to ROWG.*

Radiation therapy prior to liver transplantation for peri-hilar cholangiocarcinoma - refer to draft protocol in meeting pack

This may only relate to up to three patients per year in New Zealand and the suggestion is for this to be delivered in Auckland only as a centralised provider to maintain competency and expertise as well as co-location with a liver transplant team. Asking for endorsement that if this does proceed, it would be delivered through ADHB.

It was noted that small numbers do not necessarily indicate appropriateness for national service. However, if this improves outcomes and/or is seen as part of a package of care then this proposal could redefine the clinical pathway. DHBs or hospital funding would need to be consulted to transfer people to ADHB if this is a change to the pathway.

Decision: *ROWG members endorse sending patients for radiation therapy prior to liver transplant for peri-hilar cholangiocarcinoma to ADHB rather than treating small numbers regionally.*

Te Aho o Te Kahu project to collect and analyse waiting list data/information

One of the roles of the Te Aho o Te Kahu regional hubs is to monitor and support improvement activity across the cancer continuum.

The hubs use a range of monitoring sources from screening to elective services indicators and COVID-19 reporting to observe the system end to end. This information is available via the MoH and NSU.

Unfortunately, patient flow data for non-surgical services is less accessible and not reliably collected nationally.

While the long-term intention is to have an automated, streamlined method to monitor patient flow (through ROC as an example) this is some time away and in the interim, there is an urgent need to have better visibility and a more comprehensive understanding of capacity constraints nationally.

The regional hubs have been tasked with working with local centres to coordinate a manual data collection that tracks access to non-surgical cancer services. The proposed collection will measure timeliness to specialist assessment and then to treatment by category/priority and ethnicity. The first draft of the template is with the centres, with data due imminently. The template was based on what was collected when health targets were reported.

The information gathered will primarily be a tool for local use, to support the regional hubs and providers to focus on areas of need but will also be collated quarterly for presentation to the Te Aho o Te Kahu leadership and be made available to working groups. At this stage the reporting will not be published publicly.

Workforce/training discussion

Discussion of workforce challenges across public cancer centres, with particular issues at present in SMO workforce but also issues in radiation therapist and physicists' workforce as well and the need to look at the role of radiation oncology nursing. Good data that shows we need to train and retain now, so that we can cover ourselves for the next 10 years and beyond.

Funding and training of new ROs is necessary, but there is a deterrent for people to apply with the current lack of positions.

Noted that whilst there is nothing to stop DHBs employing more registrars there is limited funding available to do this.

ROWG Members agree to continue to advocate to Te Aho o Te Kahu for more resource to increase staffing levels.

Papers for Noting and Endorsement

Terms of reference: Finalised and circulated following the last meeting. Endorsed Submission from Te Aho o Te Kahu to PHARMAC regarding Paxlovid – submitted Information presented by Auckland on the ABCs of COVID-19 management - Attached to agenda pack. Paper written by MOWG – Letter sent to Pharmac to relax the specialist authority of criteria.

Other Business

LINAC update:

- Waikato – Business case signed off. LINAC replacement go live mid-2022.
- Funding and business plan for Northland LINAC has been approved and the implementation project underway.
- Taranaki – Business case is approved, and Hawkes Bay is in the process.
- ARO Update – Replacing on of the LINACs with a CyberKnife. Expected to be operational late 2022. Business case for a LINAC on the North Shore being discussed.

Next Meetings:

27th September 2022, in-person, Wellington

Close

The meeting closed at 2pm