

Meeting Notes

Haematology Working Group (HWG) Extra Meeting

Date: Wednesday 27 October 2021

Time: 2pm to 4pm

Location: Via Zoom

Chair: Simon Pointer (Acting Chair)

Attendees: Alwyn D'Souza, Allanah Kilfoyle, Eileen Merriman, Humphrey Pullon, Laura Young, Marie Hughes, Peter Fergusson, Rosie Hoyt, Sarah Poplar, Sharon Jackson, Natalia Gavrilova, Bridget McDiarmid, Clinton Lewis

Te Aho O Te Kahu: Liz Dennett, Cushla Lucas, Chavi Uduwaka, Helen Stobba, Alex Dunn, John Fountain, Kieran Mottley, Jo-Anne Wilson, Tony Wilson (New Zealand Formulary)

Secretariat: Elaine Edwards

Apologies: Andrew Butler, Elizabeth Shaw, Emma-Jane McDonald, Gabrielle Nicholson, Lucy Pemberton, Rosie Howard, Tim Prestidge, Leanne Berkahn

Item

COVID Vaccinations – 3rd primary dose for immune suppressed/severely immune compromised patients:

Te Aho o Te Kahu outlined the need to provide national for clarity for this patient group. Te Aho o Te Kahu noted there is the need to contact these patients and suggested the simplest way forward could be to issue a statement that everyone who had treatment for cancer in the last six months should receive the third primary dose, however this would mean there would be a lot of people. The Working Group was encouraged to email Te Aho o Te Kahu with their thoughts and suggestions.

Report developed in 2020 to identify immuno compromised individuals: Te Aho o Te Kahu will circulate this document to the working group members, seeking feedback.

The Working Group outlined the difficulties in locating such patients as there is no database. They also raised concern at the workload involved in getting a consent form signed and prescribing the vaccine. A member suggested asking GPs to contact their patients and it was clarified that there was no charge for these patients. Difficulties in accessing GPs in some areas was outlined. A member had developed a consent form template/script and had been advised by the Vaccine Advisory Group that this would only be needed until Medsafe approval was granted. **The working group agreed** to share their templates around the group.

The Working Group queried the optimal waiting time between doses for those who had received rituximab. A three month wait between doses was recommended for those in the South Island where there were no community cases. Timing for those on active chemotherapy would need to be modified.

Stem Cell Transplants:

Te Aho o Te Kahu gave an update, key points were as follows:

- Thanks were recorded to Te Aho o Te Kahu staff for assisting Auckland City Hospital, noting the team were doing a superb job in addressing a difficult issue.
- The option of sending patients overseas was considered but could not be progressed due to COVID.
- Outsourcing to other centres within New Zealand was encouraged and there had been generous offers of help from Palmerston North, Waikato and Capital and Coast. Thanks were recorded to those who had offered assistance.
- A paper proposing the development of a national wait list had been drafted and considered at the National COOs meeting, however the COOs suggested it was not needed at this point. The COOs preference was to firstly collate robust data via a template which has been developed. All centres were encouraged to provide their data in a timely way.
- Service planning documents had been developed including sections on stem cell transplant to highlight the need for constructive forward planning to address the shortfalls and inform the need for further investment. This information would be discussed with the Transition Unit, Health NZ and the Maori Health Authority.
- Units were encouraged to let Te Aho o Te Kahu know about any specific problems.

Cancer Services Planning Document – Haematology Services Recommendations:

Te Aho o Te Kahu circulated the draft Systemic Therapies document to the group for feedback. Discussion took place as follows:

- A significant milestone has been reached in finalising the Recommendations Summary, which includes high-level recommendations captured under common themes represented across the six workstreams.
- Work is continuing to finalise the full report, which supports the Recommendations Summary.
- Thanks were noted to the Working Group for their input. This has led to the reordering of recommendations, with stem cell transplant at the fore.
- The Working Group reiterated a focus on workforce in order to meet future demand.
- The Working Group queried the timeframe/sequencing in which the recommendations would be addressed. Te Aho o Te Kahu are working with the Transition Unit on proposed prioritisation, and noted conversations with Health NZ and the Maori Health Authority are critical before shifting into implementation.

Anti-Cancer Therapy – Nationally Organised Work streams (ACT-NOW) Update:

Te Aho o Te Kahu gave an update presentation (which would be circulated to the Working Group). The Ministry's ACT-NOW team were introduced and key points were outlined as follows:

- The draft data specification is in place (and had been circulated to the Working Group seeking their input). The process and guiding principles adopted in the development of the specification was outlined.
- The Working Group's guidance and direction was sought with regard to how best to support the nationally consistent capture of prognostic scoring data, staging data, outcome data and treatment intent data within the context of malignant haematology. The intent was not to increase workload, but instead to differently structure existing data collection processes. NHI level data would be collected and the Group were invited to propose any particular haematology scoring/staging data which should be collected.

- The goal was to complete the workshops and for all the regimens to be agreed by the end of 2021 and to publish the regimens by April 2022. Thanks were recorded to the Chairs and participants of the workshops.

The Working Group raised the following queries:

- *Would MOSAIQ change to align with this system?* Te Aho o Te Kahu was meeting regularly with Elekta to get this work on their roadmap.
- *How would standalone supportive care regimens be captured?* This would potentially be via separate regimens in the data collection and may require an additional intent classification of 'supportive'.
- *How would units have the time to collect and report the data, noting not all data would be available at the time of prescribing and how would MOSAIQ in its current format be able to create this information? How would units who use paper based records be expected to report?* The Group discussed if there was any desire from the working group to collect paper based records and agreed in reality there was not the staff or capacity to collect the data. The Group noted the data is in place but at present it is in different formats which are not all easily retrievable without manual work. It would be good to move to a system where it is all in one place, but that is not possible at present. The Group recommended data collection should be optional until such time as electronic prescribing systems were in place.
- *What is the status of patient consent for the collection of this data/do patients have a say?* This is covered under the standard patient consent form declaration. Noted the project needs a comprehensive privacy impact assessment with all relevant parties involved to ensure there is the legal mandate and structures in place to capture the data. The idea had been presented to the Ministry's legal team and data governance group who recommended a comprehensive privacy impact assessment.
- **The Group recommended** that the national harmonisation of prognostic scoring/staging information should be considered by the Special Interest Groups rather than the HWG agreeing it today.
- **The Group agreed** it would be fantastic to have as much data as possible, however barriers were the logistics/administrative support to collect reliable data. **The Group agreed** to proceed on the basis of the project collecting the core data currently collected in the systems and look at how the vendor systems evolve over the coming years. **The Group agreed** it was important to collect outcome measures in order for the data to be meaningful. **The Group agreed** ideally it would be good to capture the prognostic scoring information also if possible. The group suggested some data could potentially be collected from for example lymphoma MDM forms.
- There was a discussion about potentially looking at curative vs non-curative data (rather than palliative) or three streams (curative, active and palliative). Potential use of the data was discussed. A member recommended the inclusion of supportive.

Overall Treatment Utility (OTU):

- This simple assessment (via a scoring system) of the appropriateness and effectiveness of a palliative treatment for a patient was discussed. It was suggested the system may potentially have some role in the haematology setting in a limited number of diseases. **The Group liked the concept and suggested** this would be an interesting project but was not the best use of national resources.

Next Meeting

Thursday 25 November – to be changed to a Zoom meeting. The Working Group were encouraged to suggest topics for discussion at that meeting.

Close

The meeting closed at 4.05pm.