

Minutes

Medical Oncology Work Group (MOWG)

Date: Wednesday 10 November 2021

Time: 9.30am to 12 noon

Location: Zoom

Chair: Richard North

Attendees: Brendan Luey, Christopher Jackson, Kathryn Chrystal, Kristin Wagteveld, Malcolm Anderson, Marion Kuper, Jessica Lowe, Vincent Newton, Steve Delaney

From Te Aho o Te Kahu, Cancer Control Agency: Alexander Dunn, Gabrielle Nicholson, John Manderson, Nicholas Glubb, Helen Stobba, Liz Dennett, Elena Saunders, Simon Pointer, Ellen Graney, Laird Cameron

Guests: None

Secretariat: Elaine Edwards (minutes)

Apologies: Nisha Nair, Dawn Wilson, Humphrey Pullon, Stuart Lindsay, David Gibbs, Courtney Morgan

Minutes, actions and review of the conflicts of interest register

The Minutes of the meeting held on 23 June 2021 were accepted as a true and correct record.

The Action Register was reviewed. All actions were complete/progressing. Completed actions 2021/08, 11 and 12 were removed from the register.

Engagement with PHARMAC: Discussed the proposed publication date of the PHARMAC review report.

Treatment Prioritisation was suggested as an additional topic for discussion.

The Conflicts Register and List of Registered Medical Oncologists in NZ were reviewed and updated.

Action: Kathryn Chrystal to be added to the Conflicts Register and List of Registered Medical Oncologists.

Te Aho o Te Kahu COVID Update

Te Aho o Te Kahu outlined that work is underway to plan for living with COVID when it is endemic in the community.

The group discussed the need for clarity from the Ministry of Health with regard to any third vaccination (identification of eligible patients/processes/reference to Section 25).

The group noted clarity was awaited from Medsafe with regard to the timescale for their approval of a third dose.

Discussed the issue experienced in some regions with regard to clinician lack of access to patient vaccination records.

COVID Preparations Discussion: There was a round the room discussion on approaches by the centres:

Auckland:

- Recommended putting as many measures/pathways as possible in place well in advance.
- Recommended hospital access via the main doors only (where screening is in place).
- Orange and red stream patients are being diverted (only green patients allowed into the unit) however this will need to change to open the oncology acute unit to take orange stream patients.
- Working to develop a DHB policy to pre-screen for the day stay, ideally with rapid antigen testing.
- Staff are wearing N95 masks for most patients.
- Over 80-90% of the work is via telehealth. Noted the need upskill people on the use of Zoom.
- Recommended hospital staff being FIT tested.
- Receives daily lists of COVID positive patients who are due for treatment (to inform how the patients will be treated/where/if it is appropriate to defer treatment). Patients are all screened at the front door via the DHB. In tele-health consultations, individuals who report changed symptoms are requested to obtain a COVID test.
- Patients are allowed one support person in the unit with them at present. As part of the new DHB policy currently under development the aim is to pre-screen visitors into the ward/day stay unit. Currently no mandate around support person being vaccinated – being investigated.

Discussed who makes deferral decisions and how they are recorded? Most patients who are COVID positive have their treatment deferred until symptoms resolve; however, this isn't always the case. For COVID positive patients whose treatment cannot be deferred, this is discussed with the clinical teams and patients are treated in negative pressure rooms. Staff members use full PPE.

The group also discussed the additional challenge of many COVID patients now isolating at home. Managing patients who are close contacts of COVID positive patients is complicated – decisions regarding whether to defer treatment or not need to be made.

Te Aho o Te Kahu Cancer Services Planning Update

Te Aho o Te Kahu gave an update and noted the relevant sections of the report had been previously circulated to the members. The report is going through the process of refinement and is due for completion in December. The Minister and Transition Unit have been provided with the interim recommendations summary.

The group suggested the potential need for a greater focus in the document on research, the need to highlight research personnel/recognise that research is core and also reference to standards of care. In addition, the group noted there was no reference to nurse practitioners, which should be included. Te Aho o Te Kahu would take these suggestions into account and thanked the group for their input.

Te Aho o Te Kahu Cancer Medicines Availability Project Update:

Te Aho o Te Kahu gave an update on the project, key points being as follows:

- The project compares PHARMAC funded cancer medicines vs the WHO EML and Australian Pharmaceutical Benefits Scheme.

- The analysis will inform any gaps and assess the magnitude of clinical benefit, using the ESMO-MCBS scorecard system. It is a snapshot (not longitudinal). The equity considerations being taken into account were outlined.
- Initial findings were 150 cancer medicines funded in both NZ and Australia, 120 with indication restrictions and 215 medicine indication pairs. Initial findings were that there were 15-20 potential gaps in terms of medicines funding (drug-indication pairs).
- Next steps are to complete the clinical advice work and prepare a health report and a public facing report.

Structured Pathology Project Update

Te Aho o Te Kahu gave an update on the project, key points being as follows:

- The aim of the project is to achieve consistent and comprehensive national structured pathology reporting of cancer. This will be via data specifications/concise definitions (using SNOMED CT coding). There is also the need to ensure data specifications remain clinically relevant and are implemented. Data specifications for 50 tumour types will be created in total.
- An equity assessment has been undertaken based on a universal approach.
- The project is clinician led. Proof of concept used lung cancer to test the requirements. The process was outlined.

ACT-NOW Update and Data Specification

Te Aho o Te Kahu gave an update on the project and sought the group's detailed feedback which was as follows:

TNM Staging Requirements:

- **MOWG agreed** haem and brain should be excluded on the basis that not every tumour can be staged using TNM. Suggested exclusion should be non-melanoma skin cancer, but that melanoma should be included.
- **MOWG agreed** to support the interim manual capture until a system was in place.
- **MOWG agreed** if T, N etc are not available then blank fields are appropriate and should not result in an error when data is submitted to ACT-NOW.
- At this point group stage will be mandatory for relevant cancers (eg non-CNS), but not the T,N,M components.
- Noted the version of AJCC would need to be recorded/automatically captured through scripts.
- Noted restaging would be at the start of each regimen if upgraded

Tumour Specific Pathology:

- **MOWG agreed** to support interim manual capture (via drop down boxes) of certain critical pathology fields in e-prescribing systems. Noted there would need to be an agreed way of deciding what should be included. Things which impact treatments were suggested to be captured. Priority should be on capturing publicly funded tests in relation to publicly funded treatment.
- Noted there would need to be alignment with the structured pathology work.

Tumour Specific Prognostic Scoring:

- **MOWG agreed** to support optional (but not mandatory) scoping of prognostic scoring data to include (current or future) in electronic systems.
- **MOWG agreed** the table of staging, pathology and prognostic data should be discussed with the tumour stream working groups in the first instance.

Treatment Intent:

- **MOWG agreed** a box for curative/palliative intent would be included at the start of regimens.
- **MOWG agreed** to also record adjuvant, neo adjuvant, definitive, palliative/non-curative and supportive.

Overall Treatment Utility (OTU):

Three options: Collect no outcome, collect non-RECIST outcome information, collect RECIST outcome

- **MOWG were not in favour** of using RECIST.
- **MOWG's preference was NOT** to collect OTU at present and to instead use the number of cycles. MOWG raised concern that the current ability to collect outcome measures was limited and thus the value of the data was limited.
- Discussed clinicians do not complete treatment beyond the reasonable time. An alternative was to consider reporting on the number of cycles/to use response non-RECIST (other clinical response).

It was agreed that there would be further discussion regarding this at a future meeting.

Other Business

ACC: The Chair noted that ACC is reviewing its processes for funding oncology drug treatments, including treatments not covered by PHARMAC, which will create different treatment options between those being treated under and ACC claim and other, non-ACC patients. The group suggested that ACC be directed towards the publicly available ACT-NOW regimens as a potential starting point as the regimens are not limited to PHARMAC-approved anti-cancer treatments, but instead include all indicated, potential treatments.

PET-CT: Not discussed due to lack of time.

EOLC Bill: Not discussed due to lack of time.

COVID Preparation Discussion: This was partly covered under the earlier agenda item, but more time should be allowed for this at the next meeting.

Papers for noting:

ROWG Minutes, 12 May 2021 – noted.

Clinical Assembly Minutes, 29 July 2021 – noted.

Close

The next meeting will be another shorter, online meeting. It will mostly likely be scheduled to take place on 8 December 2021. The agenda will include items that were not able to be covered in this meeting, plus the updated draft terms of reference.

The meeting closed at 12.12pm.