

Minutes

Radiation Oncology Working Group (ROWG)

Date: Wednesday 17 November 2021

Time: 9am to 12 noon

Location: Via Zoom

Chair: Claire Hardie, Radiation Oncologist and Clinical Executive Cancer Services, MidCentral DHB

Attendees: Andrew Cousins, Radiation Oncology Medical Physicist, Canterbury DHB
 Cristian Hartoceanu, Radiation Oncologist, Waikato DHB
 Darien Montgomerie, Site Manager, Bowen ICON Cancer Centre
 Meredith Van Beekhuizen, Radiation Therapy Leader, Auckland Radiation Oncology
 Megan Purves, New Zealand Branch Manager, Royal Australian and New Zealand College of Radiologists (RANZCR)
 Judy Moselen, Cancer Nurse Specialist, Auckland DHB
 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
 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: Benji Benjamin, Radiation Oncologist, Auckland Radiation Oncology
 John Childs, Radiation Oncologist, Auckland DHB
 Marjorie Allan, Consumer Representative

Guests: Rebekah Sizer, Researcher (head and neck cancer research agenda item), Capital & Coast DHB

Te Aho o Te Kahu: Gabrielle Nicholson, Rose Simpson, Alex Dunn, Nicholas Glubb, John Fountain, John Manderson, Helen Stobba, Fiona Imlach

Minutes: Elaine Edwards

Item

Minutes, actions, and review of the conflicts of interest register

- The minutes of the meeting held on 31 August 2021 were accepted as a true and correct record.
- The action register was reviewed. All actions were complete/progressing. Completed action numbers 2, 8, 9, 10, 11, 12, 13 and 14 were removed from the register.
- The decision register was received and noted with no changes.
- The conflicts register was received and noted with no changes.
- The COVID decision register was received and noted with no changes.
- The MOWG minutes from 10 March 2021 were received and noted for information.

Te Aho o Te Kahu update

The QPI work is progressing. The aim is to publish the recalculated Bowel QPI indicators prior to Christmas. The Pancreatic Cancer QPI Working Group is currently finalising the pancreatic cancer QPIs in preparation for calculating them. The aim is to circulate the draft pancreatic cancer QPI monitoring report for DHB feedback by mid-2022 and the draft breast cancer QPI monitoring report for DHB feedback by late 2022. Appointments to the Breast Cancer QPI Working Group are currently being made.

PHARMAC meeting update: Te Aho o Te Kahu met with PHARMAC in September to discuss the planned expansion of their device strategy to include LINACs. PHARMAC will discuss their proposals with ROWG at a meeting in 2022.

The Agency has a number of other projects underway, including a molecular testing project, cancer medicines availability analysis and scoping a primary care programme of work. ROWG will be provided updates on this in due course.

Terms of Reference Update

The draft, revised ROWG Terms of Reference (TOR) were shared prior to the meeting. Reference to ROWG's responsibilities with regard to the radiation oncology collection (ROC) data governance has been added.

ROWG requested the addition of wording to reflect that ROWG would be involved in decision making regarding who can access ROC data and can choose to decline access if it is not appropriate. Te Aho o Te Kahu will clarify this in the Terms of Reference.

ROWG agreed to endorse the updated TOR subject to the above change being made. The updated draft will be circulated to the group.

Action: *Circulate the revised draft TOR to ROWG for endorsement out of session.*

COVID-19 update from Te Aho o Te Kahu

Te Aho o Te Kahu staff gave a presentation including an overview of the latest COVID-19 Impact Report (based on September 2021 data), which will be released shortly. The presentation will be shared with ROWG after the meeting.

Endemic COVID-19 Planning:

The focus for Te Aho o Te Kahu is cancer prevention, diagnosis and treatment continuing as much as possible, with staff and people with cancer being protected as much as possible. Te Aho o Te Kahu provides national leadership for cancer control and continues daily meetings with the Ministry of Health.

ROWG suggested guidance with regard to stand down periods for staff who had potentially been exposed to COVID-19-positive patients would be helpful.

Te Aho o Te Kahu noted they are updating the guidelines for cancer services and COVID-19 as well as developing guidance for cancer services based on lessons learned in areas such as Auckland and Waikato.

Updates re the COVID-19 status of departments and resurgence plans

Waikato

- Recommended reducing foot traffic through the department as much as possible.
- Reduced the number of clinicians physically present for MDMs to reduce the risk.
- It is problematic working from home due to lack of Citrix IT access following the cyber-attack earlier this year.
- Micro-bubbles are problematic to manage due to the small staff numbers. Staff are split into bubbles based on different floors and physical mingling outside of the bubbles is discouraged to reduce risks.
- Half the staff had been FIT tested. Staff are using N95 masks to give staff greater confidence.
- Access to childcare was an ongoing issue with some childcare centres choosing to reduce hours making shift work difficult for DHB staff.

Louise Simonsen joined the meeting at this point.

Auckland

- The impact of the flow into the hospital is having an effect on the team. The team are considering rostering/ways to work in a sustainable, safe fashion (which involves a move away from working in small teams).
- N95 masks for everyone has given staff assurance about a better way of working.
- Occupational health regulations and advice meaning a small number of vulnerable staff with other health conditions are required to work from home. This has continued for over 12 months and is becoming problematic. Auckland planned to set up “orange zones” for at risk patients – using antigen tests, followed by PCR. Numbers attending MDMs were limited to 10 or less.
- Staff are very tired and appreciated the psychological help available.
- Vaccination guidelines and protocols for cancer patients are greatly appreciated by the team.

Action: *Te Aho o Te Kahu to check when the “Exposure risk and actions for staff exposed to high-risk patient guidelines” can be widely shared.*

Health and disability sector reforms (HDSR) cancer service planning update

Te Aho o Te Kahu staff spoke to the presentation that had been circulated with the meeting papers. High level themes and recommendations have been developed and shared with the Minister of Health. These are summarised as follows:

- The need for a transformative approach to cancer treatment support.
- The need for national system leadership.
- Clinical service distribution needs review (with treatment to be delivered as close to home as safely as possible).
- Workforce is an issue (support and strengthen/robust workforce plan).
- Coordination and supportive care services (patient and whānau needs at the centre).

Te Aho o Te Kahu staff are working closely with the HDSR Transition Unit to prioritise and implement recommendations identified in this work. Implementation will include further engagement, co-design, and collaboration with ROWG and other groups.

ROWG queried if Te Aho o Te Kahu will have an operational or an advisory role in the future? This is currently being worked through as part of the work with the HDSR Transition Unit.

Updates re radiation therapy (RT) counting, enhancing the ROC and structured pathology projects

Te Aho o Te Kahu gave an update which will be circulated after the meeting. Key points were as follows:

RT counting:

- Five purchase units are proposed.
- There will be consultation with the sector, with a view to going live on 1 July 2022 (counting only).
- Thanks were recorded to ROWG members who supported the work to date.

Enhancing the ROC:

- Inclusion of 12 staging fields, FSA date, Referral Date and ECOG are the planned changes.
- The majority of units have completed/nearly completed the initial testing. Good progress has been achieved.
- Focus in 2022 for ROWG and Te Aho o Te Kahu is targeted data quality with sites to improve completeness of their data (phase 2).
- Go live (phase 3) will be confirmed once ROWG are comfortable with quality.
- ROWG congratulated the team on the excellent work which is progressing quickly.

Structured pathology:

- Consistent, comprehensive national structured pathology reporting of cancer is a top priority.
- To achieve this, concise data specifications/definitions are required for all cancers via the use of SNOMED CT to codify data. 50 data specifications will be created/reviewed under the project.
- A challenge is to achieve nationally consistent implementation, ideally using electronic/auto populating systems.
- Thanks were recorded to the representative work groups for their assistance. ROWG members were encouraged to volunteer to be involved in the work groups.

Using ROC to support NZCR

Te Aho o Te Kahu noted a small but significant amount of ROC cancer records are missing from the NZ Cancer Registry (NZCR) (circa 3%). This related primarily to clinically diagnosed cancers which had no clear notification route through to the NZCR. This has implications for national statistics and analytics. There is a legal requirement to notify pathologically diagnosed cancers to the NZCR (but not clinically diagnosed cancers that only receive radiation or chemotherapy). Therefore, an automated process has been developed which scans ROC records in order to flag missing records for review and entry in to the NZCR.

Te Aho o Te Kahu sought ROWG's permission to proceed to testing of the process (via running the algorithm and providing the NZCR with data). Input and guidance were also sought from the private providers with regard to whether they wished to participate. St George's, Bowen, ARO (subject to final Board approval) and the Kathleen Kilgour Centre **agreed** to provide their data.

ROWG agreed to grant Te Aho o Te Kahu permission to test the algorithm and provide the NZCR with data from the ROC collection.

Third COVID Vaccinations:

A request had been received to identify immune-suppressive radiation dose NHIs (DHB of service and domicile) from the ROC (ie: patients who should be offered a third primary vaccination). Search criteria had been developed. The ROWG noted this is a challenging area and agreed the list/ database would be helpful in complying with the policy. The database will be shared with the ROWG members.

Driving quality improvement through ROC data

The draft document “*Driving quality improvement through better data: the story of New Zealand’s Radiation Oncology Collection*” was shared with ROWG members in the meeting papers. ROWG’s input was requested prior to publication (with feedback being provided by email by 26 November). ROWG thanked and congratulated the team on the document.

Update on HNC research project

ROWG received the presentation, which had been circulated in the meeting papers.

ROWG feedback was sought with regard to a substitute to be used where there was insufficient staging data. Curative versus palliative, complexity of treatment (stratified by year); patients who had surgery and RT versus those who only had RT was suggested. ROWG agreed radical versus palliative was a sensible approach.

Classification of the records into local/regional spread or metastatic disease would also be progressed.

Action: *ROWG members to discuss the HNC Research Project presentation with colleagues and provide feedback to the queries raised direct to the author.*

Radiation therapy consent forms

The Chair noted that the United Kingdom has developed a national approach to consent for radiation treatment in order to ensure consistency in discussions with regard to potential side effects. Clinical and legal input had been sought in development of the forms.

The forms were shared with the ROWG.

The Chair suggested it would be useful for ROWG to consider a similar approach in NZ (which would need localisation and NZ legal advice). It was noted that a number of centres are currently reviewing their forms (and suggested the need for a different form for Smart Clinic).

ROWG agreed it was timely to progress work on a national approach to radiation therapy consent.

Action: *Te Aho o Te Kahu to consider adding the development of a national approach to radiation therapy consent to the work plan (and also seek legal advice). Clinical leads to discuss with their teams.*

ACC – radiation therapy

There was no ACC update available. The Chair noted there was a recent article published in the NZMJ (circulated with the meeting papers) which indicated that, from an ACC perspective, the number of injuries from radiation therapy treatments was relatively low (however there was no detail provided on the type of treatments, trends, techniques or sites).

Te Aho o Te Kahu has requested additional data from ACC, which is work in progress. When the data is received it will be provided to a future ROWG meeting.

Health Workforce NZ (HWNZ) update

The Chair and Te Aho o Te Kahu had met with Health Workforce NZ. Key points discussed were:

- Andrew Wilson is the new Deputy Director General for HWNZ.
- HWNZ are working to increase the supply of doctors and are working with the education sector to highlight areas of need with a view to increasing numbers into training.

- HWNZ are hopeful that the 300 MIQ spaces per month for health workers will improve the entry of overseas workers into NZ.
- HWNZ are working with MBIE on the critical health worker visa process.
- HWNZ have no influence on pay rates.
- HWNZ are looking if the voluntary bonding scheme might be repeated.
- HWNZ could not provide further updates until Health NZ comes into being.

Proton Beam Facility (Adelaide)

Noted Adelaide will open a new national proton facility in approximately 2024. Te Aho o Te Kahu are keen to build formal links with this new centre to ensure access for NZ patients (and potentially start to develop training links). Initial discussions have taken place to start to build the relationship. Auckland and Christchurch are already involved and interacting with the Adelaide group. Updates will be provided to future meetings.

Other Business

Medical Physicists National Strike Notice: The group noted that a national strike notice has been received by the public DHBs.

During a general discussion of workload and wait times across the NZ cancer centres it was noted that one cancer centre has some significant challenges. ROWG agreed a formal letter should be written to the CEO to note our concerns and recommendations on action that should be considered.

Papers for Noting and Endorsement

Radiation Oncology Incident Reporting System: To note, work in progress, to be discussed at the next meeting.

eviQ Radiation Oncology Update November 2021: To note.

Field Definition (emailed 27 October 2021): **ROWG agreed** to accept the field definition.

Clinical Assembly Meeting Papers (July 2021): The paper is noted for information.

RCR Consensus Statement National Meeting Review October 2021: The paper is noted for information. The Chair noted the Clinical Leads for breast cancer RT had met and provided their own consensus statement (included in the meeting papers). **ROWG agreed** with the Clinical Leads' approach.

PET-CT Project Update: The paper is noted for information.

Australasian Health Facility Guidelines, Part B – Health Facility Briefing and Planning, 600 – Radiation Oncology Unit: The paper is noted for information. The Chair outlined that the minimum standard for bunker size had changed.

ACC – Recent Article in NZMJ: The paper is noted for information.

Next Meetings:

Action: Secretariat to schedule 2022 meetings.

Close

The meeting closed at 12 noon