

Scottish Parliament Cross Party Group on Cancer

28th March 2018, 17.30-19.00

1) Welcome

Anas Sarwar (The Chair) opened the meeting and welcomed the attendees and speakers to the meeting, noting that he has taken over the role of co-convenor from Jenny Marra MSP.

2) The Chair then welcomed Keith Roberts (KR) to discuss the Need for Speed report and fast-track pancreatic cancer surgery

KR began by outlining the work of the APPG on pancreatic cancer in Westminster. The group has published three reports in its lifespan. The most recent of these was *'The need for speed'* last year which looked at the early diagnosis of pancreatic cancer. The report had a number of key recommendations for pancreatic cancer early diagnosis in England. These included: increased research funding for early diagnosis; awareness campaigns for symptoms; improved tools for GPs; improved diagnostic pathways; fast-track surgery; and the implementation of the cancer strategy.

KR then moved on to talk about his work around fast-track surgery. He noted a study that showed that pancreatic cancer was the only cancer type where the survival rate had not improved between 1971 and 2011. He emphasised that in pancreatic cancer it is imperative to act early, due to metastasising cells being present even in early stage tumours. The median time from scan to surgery is currently 2 months. This is due to the complex diagnostic and treatment pathway for pancreatic cancer. He noted that several types of scans are needed, which takes time. He also stated that many patients present with issues with nutrient deficiency and jaundice and that this is often treated first before referral for surgery for the cancer. This is in part due to the centralisation of services, where treatment is divided between geographically separate centres, preventing them working together. KR stated that the stent causes medical complications and that it is safe to operate on cancer without having previously performed the stent surgery.

He then discussed his work around fast-tracking pancreatic cancer surgery. The study, funded by Pancreatic Cancer UK looked at how the pathway for patients with pancreatic cancer could be streamlined. In the pilot, patients who presented with jaundice were not operated on to insert a stent, but were instead fast-tracked to surgery. As part of this, a number of important steps such as MDT review, clinics and surgery date are all blocked booked at the point of referral and KR kept one surgery slot free each week specifically for such referrals. This number has now increased to two per week. In the first 21 months 96% of eligible patients successfully proceeded down the fast-track pathway and, by the end of the period, this represented over 50% of jaundiced patients.

The introduction pathway reduced the average time from CT to surgery from 65 days to 16. In surgery, this correlated to significant evidence of spreading reducing from 1 in 4 patients to 1 in 20. KR highlighted the work of here groups who have showed that time to surgery is important in the spread of pancreatic cancer. He also noted that longer times between CT and surgery results in more bed days being used. This reduces the number of surgeries that can be performed and costs the NHS more money. He calculated that the fast-track pathway saves more than £3,000 per patients.

KR stated that fast-track surgery benefits patients as the resection rate increases, however we don't yet know if this increased resection rate does lead to increased survival. He stated that he hopes to publish data on this in the next year or so. He emphasised the importance of communication and a committed team to make the pathway work. A clinical nurse specialist is key to the process but he noted that the funding for a CNS in his team has yet to come through.

KR noted that NICE and APPG pancreatic cancer has recommended the pathway, but highlighted another area that needs to be looked at in pancreatic cancer treatment, the use of chemotherapy. He noted that modern chemotherapy drugs are important as for many patients it has become a systemic disease. He highlighted research that showed that the newest chemotherapy treatments increase survival from 8% with no chemotherapy to 28%.

KR stated that neoadjuvant chemotherapy has shown strong results but stated that this still isn't an option for many elderly patients and that the current drugs are not 100% effective. He highlighted ongoing work in Glasgow on the use of neoadjuvant chemotherapy for pancreatic cancer. KR concluded by stating that new strategies are needed to significantly improve pancreatic cancer outcomes.

3) Questions to KR

On the causes of pancreatic cancer, KR noted the weak link between obesity and smoking and pancreatic cancer, as well as the strong link for chronic pancreatitis and increasing evidence for new onset diabetes in over 50s. However, he stated that most cases do not have a known cause. On whether this best practice is being shared, he stated that they do share with colleagues in Scotland.

On the use of personalised and stratified medicine to screen patients for chemotherapy, KR stated that, currently only 1/3 of patients are able to receive chemotherapy due to health issues. Many are offered physio and nutrition support to receive chemotherapy in Birmingham to help them be able to handle treatment. He stated that this is needed as well as tailoring of chemotherapy through genetics.

On other disease teams reactions to the pathway, KR emphasised that other cancers do not develop as quickly as pancreatic cancer. There isn't ever any waste in the operating theatre with the surgery slots being left open for pancreatic surgery. The slots are always used.

On why there is issues funding a CNS, KR said that he didn't think there was a specific reason and that it just not come through. On the long term outcomes of the pathway, he stated that they will be published later in 2018. Many of the tumours operated on at an early stage might have small metastases that will then grow, so survival may not improve. But he emphasised that the pathway is as much about reducing the discomfort of a stent.

4) Minutes of the Last Meeting

The Minutes of the previous meeting of the Cross Party Group on Cancer on 16th January 2018 were approved by the group without amendments.

5) Discussion of the Cross Party Group on cancer's upcoming inquiry into the Scottish Government's cancer strategy.

The Chair started by setting out the rationale and plan for the inquiry. He noted that The Scottish Government's Cancer Strategy – Beating Cancer: Ambition and Action – was published 2 years ago in March 2016 and that September marks the halfway point in the five year strategy. The strategy lists 53 actions across prevention, early diagnosis, treatment, and living with and beyond cancer and this inquiry will look to assess what progress has been made in these actions.

The inquiry is proposed to take place over the next two meetings of the group – on the 12th June and 18th September. The meetings will consist of sessions which will look at a range of the action points across the cancer strategy. Provisionally divided into 5 topics:

1. Prevention

2. Early diagnosis and improving survival
3. Improving Treatment
4. Living with and beyond cancer
5. Research

The strategy document outlines a number of measures of what success would look like include improving survival, reducing incidence and reducing inequalities which show the importance of keeping the implementation of the strategy on track.

The chair stated that there are currently three main ways to get involved in the inquiry through the survey that has previously been circulated which will help to highlight any particular areas of concern or success as well as giving a general sense of the impressions of the members. Secondly, asked members to suggest people who might make up a panel during evidence sessions in any of the five sessions. Finally, by attending the sessions or sending questions to be asked in advance.

The group then asked a number of questions about the strategy. On the timing and purpose of the inquiry, it was discussed that the inquiry will only look at the implementation of the strategy so far, rather than any measures of impact. The Scottish Government was meant to create annual reports on the implementation for the Scottish Cancer Taskforce and these have not been made in the first two years. At the halfway point of the strategy, the inquiry will be able to highlight areas where there has been issues in implementing the actions as well as to celebrate actions where good progress has been made.

It was suggested that the output should be a traffic light report, where red represents actions in which no implementation has begun, amber represents where implementation is happening and green represents implemented actions. The group recognised that some actions may not be completed halfway through a five year strategy but saw this as an opportunity to focus scrutiny for the remainder of the strategy's timeframe. It was also stated that the Scottish Government has been invited to feed into these sessions. It was suggested that the findings of the traffic light report could allow for planning of future work streams to scrutinise areas where progress has not been seen.

On the structure of the inquiry, it was raised that two 90 minute sessions may not be sufficient time to cover the 53 points of the cancer strategy. The Chair highlighted that this is partly due to the period of the inquiry falling around the Parliamentary recess. It was agreed that the secretariat will look at options of how the time available might be extended but it was suggested that a lot of the work for the inquiry could be done outside of meetings through organisational input.

A number of areas for potential focus were raised in the session including: Transforming Care After Treatment, how the health promoting health service can tackle inequalities, direct GP access to imaging tests, GP training on symptoms, access to medicines and workforce. It was also suggested that the inquiry should look at the evidence that had been taken as part of the Health and Sport Committee's inquiry into the preventative agenda. The secretariat has agreed to go away and redraft proposals following the feedback of the group.

6) A.O.B

- The Scottish Cancer Conference will take place on 19th November 2018, a save the date for the event will be circulated shortly.
- Cancer Research UK will be holding a parliamentary reception celebrating Scottish medical research on 8th May and that an invitation will be extended to the members of the CPG.

- The Mental Health Foundation have finished a report on the impacts of cancer on mental health and have asked to share an invitation to the launch of the report. If you are interested, please contact Kate Hughes on khughes@mentalhealth.org.uk.

7) **AS then closed the meeting.** Next meeting 17.30-19.00, Wed 12th June 2018.

Attendees

Group Members

Member
Miles Briggs MSP
Anas Sarwar MSP
Brian Whittle MSP
Finlay Carson MSP
Clare Adamson MSP
Macmillan Cancer Support
Pancreatic Cancer Scotland
Pancreatic Cancer UK
Brain Tumour Action
Roche
RCGP Scotland
SCAN
NHS Lothian
NHS Ayrshire & Arran
Scottish Cancer Foundation
Scottish Cancer Prevention Network
WoSCAN
Novartis
CLIC Sargent
NHS Greater Glasgow & Clyde
Cancer Research UK

Non-Group Members

Member
MSD
BMS
Traction Cancer Support