

Agenda

Bowel Cancer Working Group

Date: 18 March 2021

Time: 09:00 to 12:00

Location: Zoom meeting:
<https://us02web.zoom.us/j/83348491832?pwd=YWxiSDFXbjhwb0xKZ3JxZmVrVFI6Zz09>
 Meeting ID: 833 4849 1832
 Passcode: 615285

Chair: Ian Bissett

Attendees: Anne Cleland, Ben Lawrence, David Vernon, Denise Robbins, Iain Ward, Jan Smith, Justin Hegarty, Marianne Lill, Masato Yozu, Nina Scott, Ralph van Dalen, Teresa Chalmers-Watson
From Te Aho o Te Kahu, Cancer Control Agency: Diana Sarfati, Gabrielle Nicholson, Liz Dennett, John Fountain, Ruth Pirie
From Ministry of Health: Susan Parry (needs to leave at 11.15am)
Other: Sally Fitzgerald (Secretariat)

Apologies: Siraj Rajaratnam, Dawn Wilson, Suzanne Beuker, Janet Hayward, John McMenamin.

Time	Item	Presenter	Purpose
9:00	Welcome, introductions	Ian Bissett	<i>For information</i>
9:05	Review of draft Minutes from 9 December, review of Conflicts of Interest and Action Registers	Ian Bissett	<i>For discussion</i>
9:15	Te Aho o Te Kahu update and discussion regarding programme prioritisation	Di Sarfati, Gabrielle Nicholson and Liz Dennett	<i>For discussion</i>
9:35	Regional updates	Shared	<i>For information</i>
9:45	Bowel screening programme update	Susan Parry	<i>For information</i>
9:55	Break	N/A	N/A
10:05	Standardising CRC follow up	Ralph Van Dalen	<i>For information</i>
10:15	Revising colonoscopy surveillance recommendations for Category 2 FH	Susan Parry	<i>For information</i>

10:30	<p>QPI recalculation</p> <p>Please refer to:</p> <ol style="list-style-type: none"> 1. the QPI descriptions https://www.health.govt.nz/publication/bowel-cancer-quality-performance-indicators-descriptions-2019 2. the QPI specifications https://www.health.govt.nz/publication/bowel-cancer-quality-performance-indicator-specifications 	Gabrielle Nicholson, Ruth Pirie	<i>For discussion² and endorsement</i>
10:55	Break	N/A	N/A
11:05	Data, Monitoring and Reporting update	John Fountain	<i>For information</i>
11:20	FIT in symptomatic patients	Ian Bissett	<i>For information</i>
11:35	Rectal cancer treatment options update	Ben Lawrence	<i>For information</i>
11:50	Other business	Ian Bissett	<i>For information</i>
12:00	Meeting closed	N/A	N/A

NBCWG - Register of other Member Directorships & Other Roles (March 2021)

No.	Member	Organisation	Role	Date last Updated
1.	Ian Bissett	ADHB	Consultant General and Colorectal Surgeon	December 2019
		University of Auckland	Professor	December 2020
		Insides Company	Chief Medical Officer	December 2020
2.	Anne Cleland	MidCentral Health	Clinical Nurse Manager for Bowel Screening	December 2019
		New Zealand Nurses Organisation Gastroenterology Section (NZNOGNS)	Member	January 2018
3.	Denise Robbins	Central Cancer Network	Consumer Member	January 2018
4.	David Vernon	Lakes DHB	Chair Endoscopy Users Group	December 2019
		Lakes DHB	Clinical Lead for Bowel Screening	December 2020
		Private Practice	Colonoscopies	December 2019
		Ministry of Health	Member of Gen Surg Elective Prioritisation Working Group	December 2019
5.	Iain Ward	Canterbury DHB	Radiation oncologist	January 2018
		St George's Cancer Care Centre, Christchurch	Radiation oncologist	January 2018
		RANZCR Radiation Oncology Quality Improvement Committee	Member	December 2018
		RANZCR New Zealand Radiation Oncology Executive	Member	December 2018
6.	Janet Hayward	PHARMAC Rheumatology subcommittee of PTAC	Member	March 2018
		Nelson Marlborough DHB steering group NBSP	Primary care Lead	July 2018
		BSAG	Member	July 2019
		National Pancreatic Cancer Working Group	Member	July 2020
7.	Joe Feltham	Pacific Radiology Ltd and CCDHB	Radiologist	June 2019
		RANZCR	NZ branch committee member and CPD representative	January 2018
		ARGANZ	Deputy Chairman	January 2018
8.	John McMenamin	MoH, BSAG	GP/Primary Care Lead	February 2018
		Whanganui DHB NBSP steering group	Primary Care Advisor	February 2018
		Whanganui Regional Health Network Clinical Governance	Chair	February 2018
9.	Marianne Lill	Whanganui DHB	Consultant General Surgeon, Endoscopy lead	March 2018
		Whanganui DHB NBSP steering group	Hospital clinical lead	March 2018
		NZ Conjoint Committee for Recognition of Training in	Chairperson	March 2018

		Gastrointestinal Endoscopy (NZCCRTGE)		
		Endoscopy Governance Group New Zealand (EGGNZ)	NZCCRTGE representative, chairperson of certification/recertification advisory subcommittee	March 2018
		RACS Surgical Gastrointestinal Endoscopy Committee	NZAGS representative	March 2018
		NZ Society for Gastroenterology	Member (newly joined)	March 2018
		NZAGS training committee	Whanganui surgical training supervisor	March 2018
10.	Masato Yozu	CMDHB	Anatomical pathology consultant	January 2019
		Australasian Gastrointestinal Pathology Society	Former president, Member	January 2019
		Northern Region Bowel Cancer Tumour Stream	Member	January 2019
		Bowel Screening Histopathology Subgroup	Member	January 2019
11.	Nina Scott	Hei Ahuru Mowai – National Maori Cancer Leadership Group and Hei Paa Harakeke – Midland Maori Cancer Leadership Group	Chair	February 2018
		Waikato DHB	Public Health Physician	February 2018
		Research – National Science Challenge – He Pikinga Waiora – making interventions work for Maori communities, Health Research Council – Harti Hauora Tamariki – Whanau Ora care for hospitalised tamariki.	Principal Investigator	February 2018
		Cancer Control Agency	Cancer Control Agency Council	December 2019
12.	Ralph Van Dalen	Waikato DHB	Consultant General and Colorectal Surgeon	January 2018
		Braemar Hospital	Trustee Braemar Hospital Trust	January 2018
13.	Siraj Rajaratnam	Waitemata DHB	Consultant colorectal and general surgeon	March 2018
		Waitemata DHB	Clinical Director, General Surgery	
		Waitemata Endoscopy (Private provider)	Shareholder	
14.	Teresa Chalmers-Watson	Canterbury DHB	Consultant Gastroenterologist and Hepatologist	December 2019
		Canterbury DHB	Consultant Gastroenterologist Bowel Screening Clinical Lead (effective 2020)	December 2019
15.	Ben Lawrence	Northern Regional Cancer and Blood Service (ADHB)	Medical Oncologist. Chair National NET MDM.	Jan 2020
		Ministry of Health	Tumour Stream Working Group - Neuroendocrine Lead	Jan 2020
		Australasian Gastrointestinal Trials Group	Convenor ASM 2022. Translational Subcommittee.	Oct 2020
		NZ Society for Oncology	Member. Past-President.	Jan 2020
		Head of Discipline of Oncology, Faculty of Medical and Health Sciences, University of Auckland	Senior Lecturer	Oct 2020
		Cancer Society of Auckland and Northland	Board Member	Oct 2020

16.	Justin Hegarty	Canterbury District Health Board	Radiologist	Jan 2020
		Pacific Radiology Canterbury	Radiologist	Jan 2020

The purpose of this register is to ensure transparency by identifying members other roles and responsibilities within organisations that have a mandate that could (or maybe perceived to) align, overlap or conflict with the function of the National Bowel Cancer Working Group.

Note: when group members believe they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the Group's functions, they must declare a conflict of interest and withdraw themselves from the discussion and/or activity. The Group will then decide what part the member may take in any relevant discussion.

National Bowel Cancer Working Group (NBCWG)

Minutes of the Meeting on Wednesday 9 December

By Zoom Video Conference from 9am to 11.55am

Chair:	Ian Bissett
Attendees:	Ben Lawrence (apols for lateness), David Vernon (apols for lateness), Iain Ward, Jan Smith, Janet Hayward, John McMenamin, Justin Hegarty, Masato Yozu, Nina Scott, Ralph Van Dalen, Denise Robbins, Anne Cleland (apols for lateness)
Te Aho o Te Kahu and other Attendees:	<u>Te Aho o Te Kahu:</u> Di Sarfati, Dawn Wilson, Suzanne Beuker, Sarah Panton <u>Ministry of Health:</u> Susan Parry <u>Other:</u> Elaine Edwards (Secretariat)
Apologies:	Adrian Secker, Marianne Lill, Teresa Chalmers-Watson, Siraj Rajaratnam

The meeting opened at 9am.

1. Welcome and Apologies

The Chair welcomed everyone and the apologies were noted.

2. Conflicts of Interest, Minutes, Actions

The conflicts register was received and noted.

The Minutes of the meeting held on 17 September 2020 were accepted as a true and correct record.

Actions Register: The Actions Register was reviewed. All actions were complete/progressing. Completed actions were removed from the register.

3. Regional Chairs Update

Northern Region Update (Siraj/Masato):

- Northern Region Bowel Tumour Stream met on 16 October 2020.
- Updated polyp surveillance guidelines were being applied prospectively and retrospectively (with review of surveillance waiting list) at Waitemata DHB. Other Northern Region DHBs working on implementation processes and whether there is resource to apply retrospectively.
- Members are generally supportive of FIT testing in symptomatic patients study.
- Total neoadjuvant therapy for rectal cancer and colorectal cancer surveillance guidelines: Members are supportive of NBCWG initiatives for national guidelines.
- Bowel screening: ADHB going live. WDHB/CMDHB/NDHB running smoothly.

Te Manawa Taki (Midland) Region Update (Ralph):

- Good progress with the screening.
- Waikato readiness assessment went well. Taranaki and Tauranga work in progress with a view to going live in 2021. Lakes and Tairāwhiti progressing well, no issues.
- Dendrite MDM solution for colorectal currently going online (with a view to expanding to all MDMs).

- Region are working well together and sharing things.
- Jan noted an oncology e-prescribing solution was progressing through the feasibility stage.

Susan Parry joined the meeting at this point.

Central Region: No update as no representative present.

Southern Region Update (Iain): Bowel cancer screening had been rolled out (started at CDHB) and the Southern Hub was continuing to work on assessing the bowel cancer QPIs.

4. **FIT In Symptomatic Patients – Pilot Study**

Ian Bissett gave a PowerPoint update and noted he had previously shared the 2020 published study (NICE in the UK, D'Souza N et al). Ian's presentation comprised additional information relating to the findings from the UK NICE study. Key points discussed were:

- An approximate 50% response rate should be anticipated (however greater than this level was hoped for as the participants will receive an earlier colonoscopy if they have a high result).
- The diagnostic accuracy of FIT for CRC and Serious Bowel Diseases at various cut off levels were outlined. Members discussed the cut off data to be adopted for the NZ study. Greater than 750 is being used to upgrade participants to urgent colonoscopy (This identified 70% of the cancers in the 7% of the total who had test results in this range).
- The aim of the study was prioritisation to achieve earlier identification of individuals with cancer and to provide NZ data to identify if there is a level of FIT that might indicate that a cancer was extremely unlikely and colonoscopy was not warranted.

Next Steps

- A member recommended that a bowel cancer equity reporting template be developed and be a standard agenda item for BCWG meetings and that a straw man template be provided for review. Noted the need for a plan to ensure a high number of Maori participate. It was confirmed that this is a responsibility of the steering group for the study.
- Noted the Whanganui patient invitations/kits had been issued on 4 December (20-25 patients) to test the response rates. This had been a manual process for the first stage. Thanks were recorded to Marianne Lill for agreeing to take this on.
- The next step would be to bring on board a large DHB and move to an automated process using the NSS database and NCC structure.
- The following stage would be a national study.
- Noted the Minister was aware of and interested in the study.

Action: Susan Parry to forward the 4 December NMJ editorial (Dr Brian Cox and ????) to the NBCWG for information.

5. **Potential to Standardise the CRC Follow Up Process - Discussion**

Ralph van Dalen had circulated pre-reading material to the members (Cochrane Review, summary of the guidelines and summary of the proposed process). Ralph had spoken to a number of surgeons at DHBs across the country with regard to the proposed process, with the aim of achieving consensus. There was generally universal support for a standardised protocol. The Auckland protocol had been adapted for use and was proposed as follows:

- Clinic follow up: 2-4 weeks post op for review of recovery/histology and recommendation for further treatment. Noted many centres have Colorectal Nurse Specialist follow up in addition to this (which had not been addressed as part of the protocol).

- CEA: Four monthly for five years was proposed (rather than three years).
- CT: Annually for two years (three years if resources permit) proposed.
- Colonoscopy: After three years (one in the first year if incomplete/*if there is a question re the quality of the diagnostic colonoscopy*) and five yearly thereafter (based on resourcing constraints). A member noted this would mean NZ would deviate from the one year international standard and suggested the need for scientific data to support three yearly follow up. Members agreed there was the need for further discussion on this suggestion.
- Upper Age: There was a 50/50 split with regard to an upper age of 75/80 years. A member suggested there be a recommendation to follow up people after 80 yrs in certain circumstances.

To date 30% of DHB surgeons had replied. There would be a follow up and a further round of engagement. Noted the process would need to be circulated around the radiologists. It was suggested that patients would be given a “business card” size summary of their treatments/follow up protocol for them to keep and show should they visit a different clinician/GP in the future (the Consumer Representative suggested this should be rolled out nationally). The members thanked and congratulated Ralph on his work to date.

A member recommended that a bowel cancer equity reporting template should be developed and that it be a standard agenda item for NBCWG meetings. The member further recommended that the NSU provide a 1-2 page straw man template for review by email by the NBCWG. The member suggested that participation rates needed to be considered as part of the process (what proportion of patients follow the process).

Primary Care: A member suggested it was important for the GP College to provide input. A member suggested the need for formal cancer checks/follow up checks at primary care and suggested this work might inform the clinical pathways process/matters which should be teased out/whether primary care should own the process.

Holistic Model: A member suggested this might be trialled and Nina/Ralph would discuss this.

Action: Potential to Standardise the CRC Follow Up Process: Ralph to present an update to the next meeting including focus on GP involvement, difference between 1 and 3 yr. colonoscopy follow up data and the holistic model.

6. Rectal Cancer Treatment Options with Bhusal SubGroup

Ben Lawrence gave an update presentation. Key points were as follows:

- Ben had been monitoring two interesting studies which could potentially change how rectal cancer is treated.
 - OPRA trial -avoidance of resection of rectal cancer. To date there was limited data, comparison to historical controls was not shown and randomisation was not against the standard of care.
 - RAPIDO Trial was looking at delivering chemotherapy early at high risk of distant metastases (adjuvant window concept). There was no improvement in overall survival, a risk of giving chemo to people who don't need it and the local failure rate was higher.
 - The pros and cons of each trail were discussed. The RAPIDO trial had been published yesterday in Lancet Oncology.
- Next steps: Noted there was insufficient clinical consensus to recommend or decline at present. The proposal was to keep a watching brief and for the TNT advisory group to meet to discuss the findings of the study (with centre leads involvement).
- Suggested in the meantime, in highly selected patients, after MDM discussion it is reasonable to offer the OPRA style treatment then watch and wait in patients for whom surgery is

unfavourable or highly undesirable when the aim is organ preservation and adjuvant chemo is likely to have been offered

- Offer RAPIDO short course RT then chemo then surgery for patients where the risk of distant relapse far outweighs the risk of local relapse.
- A member noted the need to think about this from an equity perspective (patients who are less fit for surgery).
- The members thanked Ben for his excellent presentation and agreed this discussion needed to be progressed nationally.
- A member suggested an educational piece might be circulated to GP's (and included in Agency newsletters) to provide an update/awareness of new treatments.

Action: Rectal Cancer Treatment Options (Ben Lawrence) to be a standing agenda item for future NBCWG meetings.

Di Sarfati and Anne Cleland joined the meeting at this point.

7. Te Aho o Te Kahu COVID-19 Response and Bowel Cancer QPI Plan

Di Sarfati gave an update, key points were:

- There were two new appointments (Gabrielle Nicholson - Treatment Quality and Standardisation Group lead) and Liz Dennett (Colorectal Surgeon) - Clinical Director.
- QPI work was ticking along and would be streamlined in the New Year.
- In the early stages of looking at post surveillance standardisation for some cancers.
- There had been a meeting with the NZSO looking at molecular testing (standard approach across the country). The potential for one genomic test was being explored (rather than four at present).
- Working towards rolling out a series of 12 Maori Community Hui in the first half of 2021 to discuss all aspects of the cancer journey.
- Looking at incorporating Patient Reported Outcome Measures (PROMS) into the Agency's measurement process.
- There was ongoing work to improve data (radiotherapy collection) which is currently being used to inform future workforce issues. The SACT Project goes live in February 2021 (repository of chemo/therapeutic regimes).
- Working alongside the Health and Disability Implementation Team looking at hospital services – distribution and structures/functions of cancer treatment services with a view to improving access to services for patients. Noted the Agency's Consumer Group would be involved in this work.

David Vernon joined the meeting at this point.

- The Clinical Advisory/Working Group Structures were in the process of being reviewed. A straw man approach would be socialised with the groups. The aim was to ensure maximum benefit for the Agency and for the members. A member encouraged the Agency not to forget pathologists, Di noted all potential groups were being considered and she was aware of the need to ensure pathology input to projects.

Di thanked the NBCWG for their great work over the years and noted they continued to deliver in a constructive and helpful way.

8. Review QPI Definitions Prior to them being formally reviewed in 2021

Dawn Wilson outlined that the Bowel QPI data would be reviewed in February (2 yearly review). The Lung QPI report would be published in mid-January and a quality forum would be held on 8 April

(similar approach to the Bowel Quality forum) – looking at lung and prostate QPIs and quality improvements. The technical Group's input to the Polyp Work was favourably received by the DHBs and the members were thanked for their work, in particular Ian, Masato, David, Susan and Sarah.

9. Bowel Screening Programme Rollout – new IT System, EGGNZ, NEQIP and Col WT indicators

Susan Parry gave an update, key points were as follows:

Rollout: Readiness assessments had been completed for Auckland, Capital and Coast DHB and Waikato. Tairāwhiti, Canterbury, South Canterbury and Auckland had gone live. Approximately 72% of the eligible population were now covered. There had been a lot of requests with regard to different strategies to improve participation for the local population. In Tairāwhiti pre/community engagement was being trialled. Taranaki, Bay of Plenty, West Coast and Northland would be the final DHBs to roll out. The NBCWG recognised this had been a hugely busy period for the screening programme and the amount of effort to bring every DHB on board.

Nina left the meeting at this point.

John McMenamin noted the primary care readiness roll outs were progressing well and had brought an increasing awareness of the critical role of primary care in the programme. There had been appropriate pre-programme outreach through Iwi groups to ensure widespread understanding about the programme for Maori and very active engagement of general practice using reminder systems which identified key target patients, which had proven to be excellent in terms of driving the activities which need to happen.

Ralph Van Dalen acknowledged Susan's work in bringing the rollout together and noted it was going well.

New IT System – Bowel Screening Register: The Register was up and running (with some teething issues). Masato's assistance was acknowledged.

Colonoscopy QA Group: The performance data remained good, with a good detection rate. The next meeting would be held next week.

EGGNZ: Ian had presented on the Symptomatic FIT study and there was good support. The Chair sought input on how to approach identification of the large DHB to run the next study. Mid Central were suggested and would be on NSS from mid-February. Discussed the need for a Clinical Lead to commit to making it happen in the relevant DHB. Discussed whether to shoulder tap or issue an open invitation. Noted the DHB would need sufficient admin support to manage the follow up. Members were encouraged to contact Ian or Dawn to express interest.

Sector Communication: There were regular DHB clinical lead zoom meetings to share learnings.

Colonoscopy Wait Times: Overall wait times were static and had not worsened.

Workforce: Susan outlined the workforce challenges and noted it was a slow process.

10. Other Business

Work Programme: Dawn noted it would be beneficial to develop a work programme for the Bowel and other working groups.

Sarah Panton's Last Meeting: Ian noted this was Sarah's last meeting. The members thanked her for her help and wished her well for the future.

11. Date of Next Meeting

Thursday 18 March 2021 (Zoom 9-12).

Wednesday 9 June 2021 (Zoom 9-12).

The meeting closed at 11.55am.

DRAFT

National Bowel Cancer Working Group - Action Points Register as at March 2021

No.	Action Point	Date Raised	Lead	Status
105	<u>Peritonectomy and HIPEC surgery at Waikato DHB matters.</u> 9 Dec Update: An MDM was now taking place every Wednesday morning from 7am (via Zoom). NBCWG members were invited to participate as necessary.	December 2019	Ralph Van Dalen and Ian Bisset	Progressing
114	Secretariat to circulate the NZ Familial GI Cancer Service Presentation slides to the members.	Sept 2020	Secretariat	Complete
116	<u>FIT in Symptomatic Patients:</u> Susan Parry to forward the 4 December NMJ editorial (Dr Brian Cox and ????) to the NBCWG for information.	Dec 2020	Susan Parry	
117	<u>Potential to Standardise the CRC Follow Up Process:</u> Ralph to present an update to the next meeting including focus on GP involvement, difference between 1 and 3 yr. colonoscopy follow up data and the holistic model.	Dec 2020	Ralph van Dalen	
118	<u>Rectal Cancer Treatment Options</u> (Ben Lawrence) to be a standing agenda item for future NBCWG meetings.	Dec 2020	Ben Lawrence/ Secretariat	Complete