Central Manchester University Hospitals NHS
NHS Foundation Trust

Annual Report 2016

Greater Manchester and Oswestry Sarcoma Service (GMOSS) Specialist Sarcoma MDT

Host Trust – Central Manchester Foundation Trust

The Annual Report 2016 has been agreed by:

Chair of GMOSS MDT Miss Gillian Cribb

The Sarcoma MDT Members signed off the annual report 29/03/2017

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Date:	

GMOSS Annual Report 2016

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1. INTRODUCTION

1.1 General

The Greater Manchester and Oswestry Sarcoma Service (GMOSS) weekly MDT meeting is held at the Central Manchester Foundation Trust (CMFT) site with members form RJAH and The Christie joining the meeting via web conference. Cases discussed include all confirmed new, post resection and diagnosis of relapse sarcomas are discussed to formulate a management plan. Cases of fibromatosis and giant cell tumour of bone are also discussed as are other complex benign conditions where multimodal therapy is required.

Diagnostic services are provided at CMFT Manchester Royal Infirmary (soft tissue only) and RJAH Hospitals (bone and soft tissue).
Core resection services are based at MRI (soft tissue only) and RJAH Hospitals (bone and soft tissue).
The Christie Hospital provides plastic surgical support, a retroperitoneal resection service, chemotherapy and radiotherapy services.

The MDT meeting team has been running for several years and had an external peer review undertaken in 2013.

This document shows the activity of the MDT for the year 2016 and includes key changes.

Sarcoma Peer Review is completed yearly and is submitted by CMFT
Cancer Outcomes and Services Dataset (COSD) is submitted by CMFT
Cancer Wait Times data is submitted separately by the three trusts to Open Exeter.
RJAH Participates in the NHS Annual Audit Meeting with the other four bone tumour centres.
All three trusts participate in the National Cancer Patient Experience Study and results are available on the Quality Health web site

1.2 Key Achievements

- Improved capture of stage (80% improved to 100%) and performance status (improved to 80% to 100%) for new patient diagnoses
- Improved quality of MDT annotations by the introduction of pre-population of pathology as well as radiology text
- Collection of pathological diagnosis for all patients discussed via the RJAH database
- Collection on category of patient discussed (new, resection, other) and consultant team (Orthopaedics, Plastics, Medical Oncology, Radiation Oncology)

1.3 Key Challenges

- **Continued increase in referrals –** There continues to be an increase in referrals to both diagnostic centres. RJAH has developed new pathways with USS and CNS assessment on the same day for referrals without imaging.
- **Follow-up numbers –** the CNS team at RJAH now follow up all soft tissue sarcomas. A satisfaction survey is ongoing

2. CHANGES IN 2016

2.1 CORE AND EXTENDED GMOSS TEAM

Surgical Team

- Mr Gregory has left CMFT and RJAH
  - Miss Cribb and Mr Cool provided support at CMFT from May until December 2016
- Mr Amit Kumar was appointed as Orthopaedic Oncology Surgeon at CMFT Oct 2016

Radiology

- Dr Jafari and Dr Jain have left CMFT
- Dr Konala has been appointed to CMFT

Pathology

- Professor Mangham left RJAH and been appointed to CMFT
- Professor Flanagan, Dr Tirabosco and Dr Amary have been appointed to RJAH

Clinical Nurse Specialists

- Sr Buchan was covered by Sr Haber when she was on maternity leave at Christies
- Sr Cooper appointed to Christies

Research Team (Christies)
In July staff changes in the research team included vacancy in both the research nurse post and the CTA post. Cover is being provided from the haematology team, TYA team and urology teams but recruitment has been suspended and new study activation has been put on hold. New research nurse due to start May 2017 and trial activity will hopefully restart.

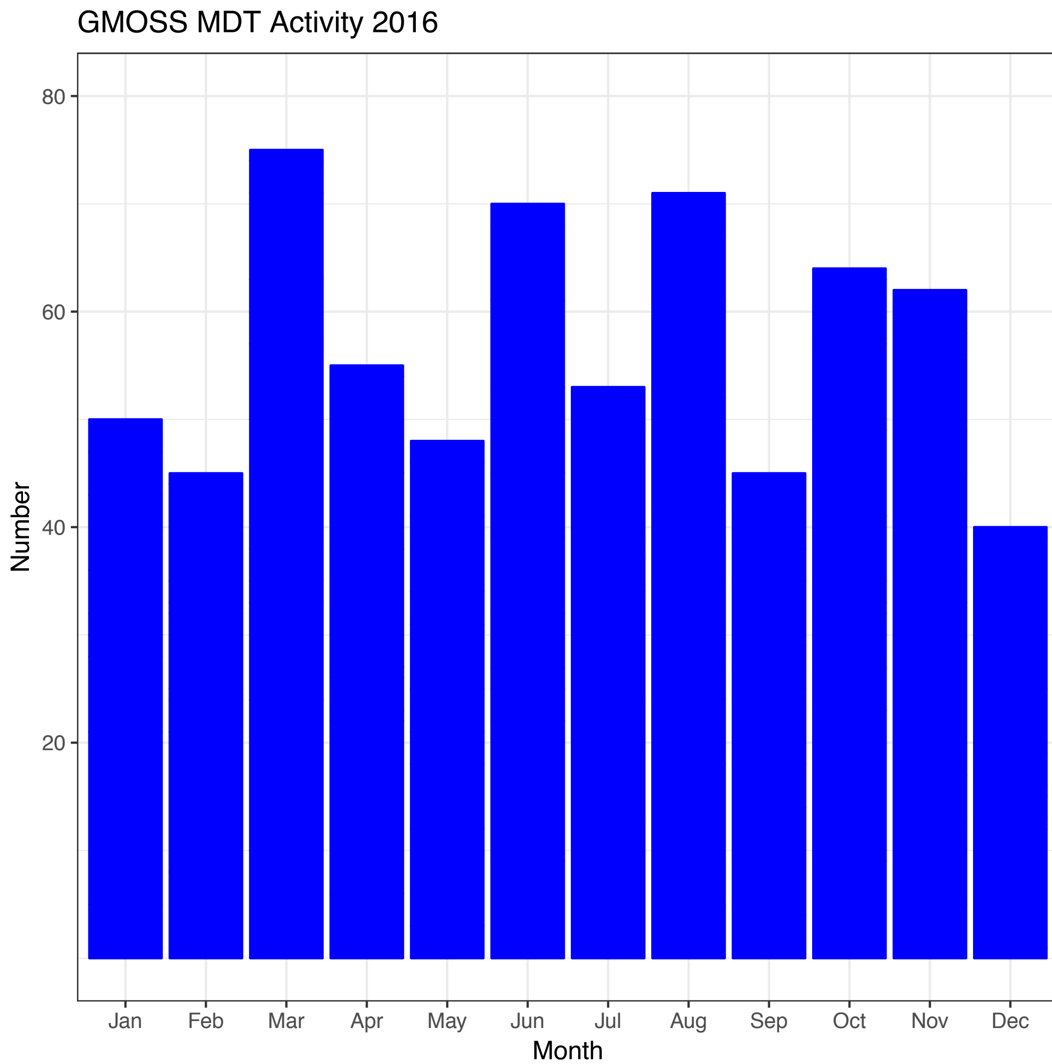
2.2 FACILITIES AT RJAH

A £1.5m build was completed at RJAH in September 2016 which includes a purpose-built outpatient's and ward facility for patients with Bone and Soft Tissue Tumours. New operating theatres, high dependency and day case units were also part of the build.

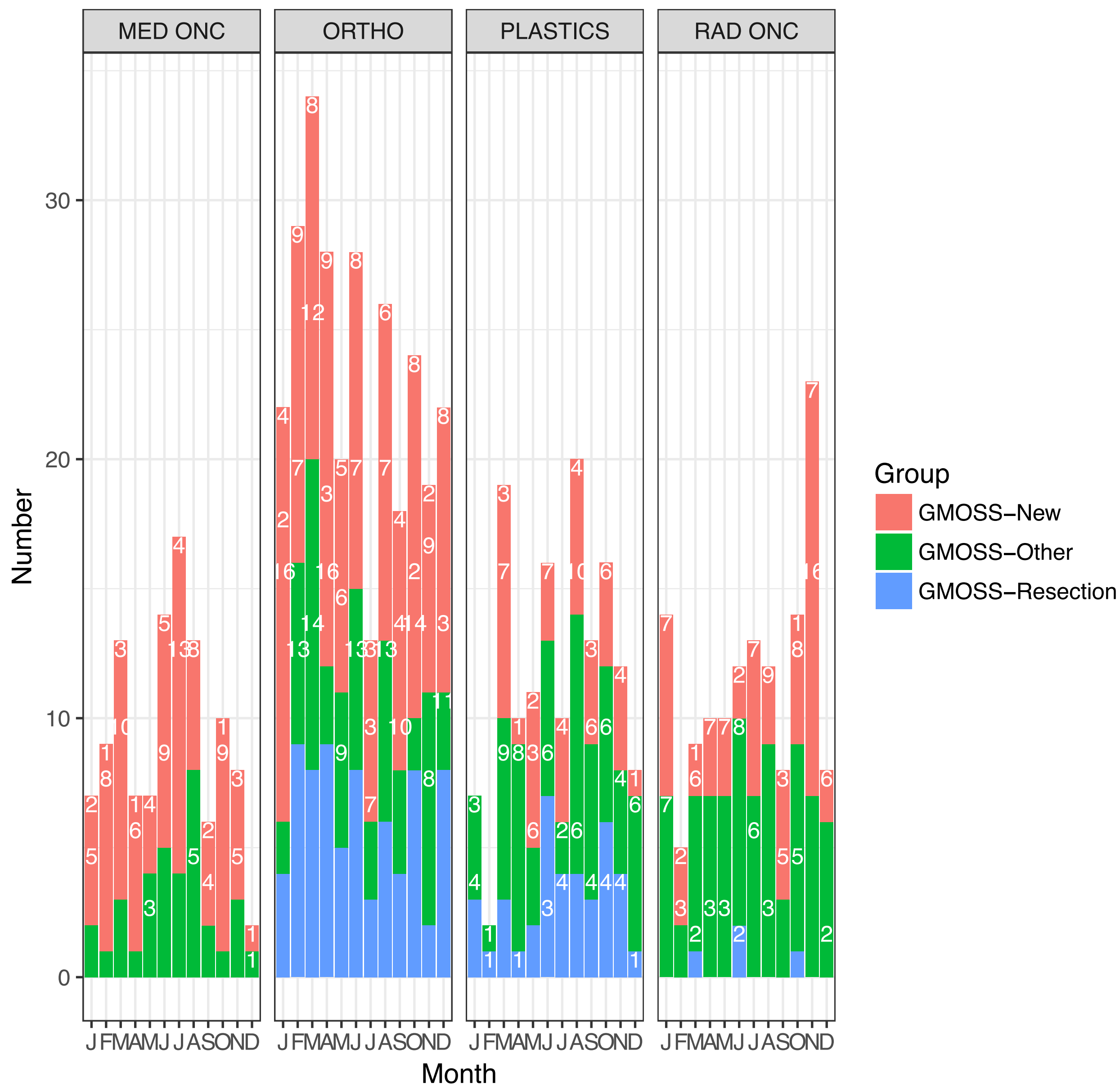
3. *MDT ACTIVITY*

The MDT occurs on a Wednesday and is a major job plan commitment for all Consultants involved.

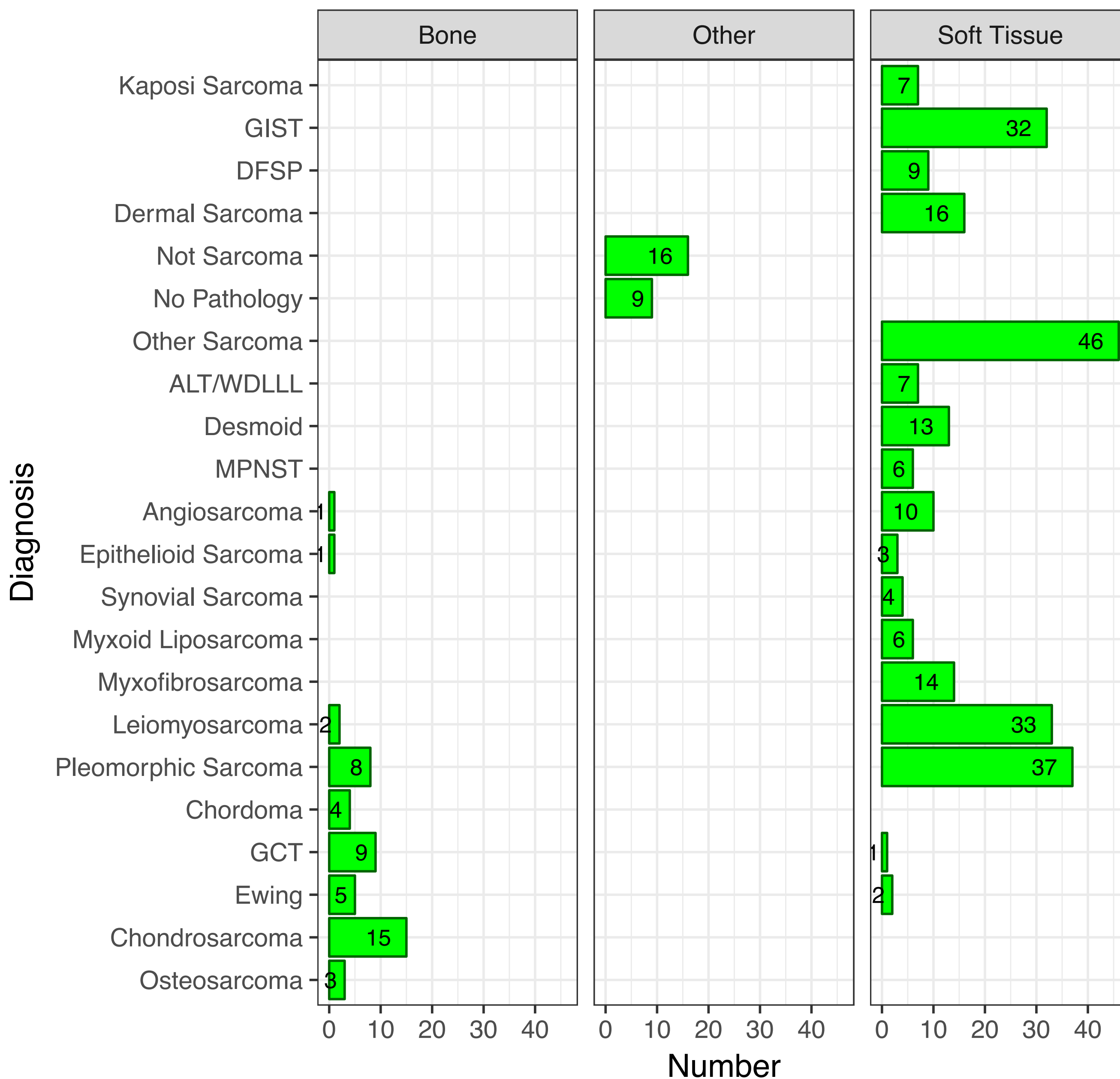
2.0 GMOSS MDT ACTIVITY BY MONTH



2.2 GMOSS MDT ACTIVITY BY SPECIALITY



2.3 GMOSS MDT ACTIVITY BY DIAGNOSIS



4. RJAH Bone Tumour Activity for Financial Year 2015/16

(as presented to NHS England audit March 2017)

Total new patients	927
Total follow up patients	2945
Suspected primary bone tumour	351
Confirmed primary bone tumour	73

5. Manchester Cancer – sarcoma group

The SAG ceased to exist in March 2013 and has been replaced by Manchester Cancer, who met for the first time in June 2014. In 2016 the year covered by this annual report, there have been three meetings of Manchester Cancer Pathway Board - 3/4/16, 18/5/16 and 5/10/16.

6. GMOSS MDT Business meetings 2016

GMOSS MDT Business meetings 2016

Meetings were held and minutes recorded on the following dates:

Wednesday 30th January 2016

Wednesday 29th June 2016

Wednesday 30th November 2016

7 . MDT

The table demonstrates the percentage of individual attendance from January 2016 – December 2016 and the cover arrangements that are in place for core members, as set out in the Operational Policy. Attendance is measured as a percentage of MDTs occurring within the year (except for those who started or left during the year where the % is of the number of meetings that person was eligible to attend). A full attendance record is available. There was a total of 50 meetings.

Attendee	
Orthopaedic Surgeon	**100%**
Mr J Gregory	50%
Miss G Cribb	82%
Mr P Cool	76%
Mr A Paul	74%
Mr A Kumar	85%
Clinical Oncology	**94%**
Dr J Wylie	70%
Dr C Coyle	82%
Medical Oncology	**100%**
Dr M Leahy	80%
Dr M McCabe	46%
Dr L Horsely	50%
Registrar	22%
Radiologist	**100%**
Dr R Lalam	58%
Dr Kirwadi	78%
Dr N Winn	34%
Dr R Whitehouse	22%
Dr P Konala	77%
Dr Maya Jafari	72%
Dr Abhishek Jain	88%
Pathologist	**98%**
Prof C Mangham	42%
Prof A Freemont	54%
Dr P Shenjere	92%
CNS	**100%**
Sr J Evans	42%
Sr C Pemberton	48%
Sr S France	18%
Sr H Murray	82%
Sr N Haber (to cover mat leave)	57%
Sr A Buchan	86%
Sr L Cooper	76%
Plastic Surgeon	**76%**
Mr D Kosutic	0%
Mr D Mowatt	76%
Physiotherapist	**82%**
Ms M Cumbo	66%
Gemma Wilde	73%
MDTC	**100%**
Gill Furber	86%

Other MDTC	14%

8. AUDIT AND SERVICE IMPROVEMENT

7.1 Evaluation of Nurse Led Clinics at RJAH

3 month period end 2016

- 52 new patients
  - 34 2WW USS and OPA same day
    - 26 taken off pathway that day
    - 7 required further imaging (MR or CT)
      - 1 had sarcoma
    - 1 lymphadenopathy related to skin ca
- 143 follow up patients seen
  - STS
  - Ward discharges

9. Publications

Surveillance of intramedullary cartilage tumours in long bones.
Sampath Kumar V, Tyrrell PN, Singh J, Gregory J, Cribb GL, Cool P.
Bone Joint J. 2016 Nov;98-B(11):1542-1547.

Unusual lesions mimicking impingement syndrome in the shoulder joint - Think medially.
Singh R, Malhotra A, Cribb G, Cool P, Hay S.
Ann Med Surg (Lond). 2016 Aug 13;10:88-91.

The Management of Metastatic Bone Disease BOOS Working Party Journal of Trauma and Orthopaedics Vol 04 Issue 02 June 2016 (Cribb GL)

Patient factors affecting the Toronto extremity salvage score following limb salvage surgery for bone and soft tissue tumours.
Heaver C, Isaacson A, Gregory JJ, Cribb G, Cool P.
J Surg Oncol. 2016 Jun;113(7):804-10.

Whole-body magnetic resonance imaging in myxoid liposarcoma: A useful adjunct for the detection of extra-pulmonary metastatic disease.
Stevenson JD, Watson JJ, Cool P, Cribb GL, Jenkins JP, Leahy M, Gregory JJ.
Eur J Surg Oncol. 2016 Apr;42(4):574-80.

Prognostic factors for patients with skeletal metastases from carcinoma of the breast.
Stevenson JD, McNair M, Cribb GL, Cool WP.
Bone Joint J. 2016 Feb;98-B(2):266-70.

Lesson of the month 2: Oncology, obstetrics and orthopaedics: an unusual partnership.
Fuller C, Bale C, Bishop J, Cool P.
Clin Med (Lond). 2016 Dec;16(6):599-601.

Patient experience after lower extremity amputation for sarcoma in England: a national survey.
Furtado S, Briggs T, Fulton J, Russell L, Grimer R, Wren V, Cool P, Grant K, Gerrand C.
Disabil Rehabil. 2016 Jul 6:1-20.

Sonoelastography in the musculoskeletal system: Current role and future directions.
Winn N, Lalam R, Cassar-Pullicino V.
World J Radiol. 2016 Nov 28;8(11):868-879. Review.

Paget Disease of Bone.
Lalam RK, Cassar-Pullicino VN, Winn N.
Semin Musculoskelet Radiol. 2016 Jul;20(3):287-299.

Identification of a Potential Molecular Diagnostic Biomarker in Keloid Disease: Syndecan-1 (CD138) Is Overexpressed in Keloid Scar Tissue RA Bagabir, F Syed, P Shenjere, R Paus, A Bayat Journal of Investigative Dermatology 136 (11), 2319-2323, 2016	2016

Evaluation of biomarkers in the UK phase III VorteX trial confirms importance of tumour hypoxia in soft tissue sarcoma L Forker, P Gaunt, S Sioletic, P Shenjere, J Irlam, H Valentine, D Hughes, ... European Journal of Surgical Oncology 42 (11), S243, 2016	2016
Tumoral Melanosis Nine Years After Wide Local Excision of a Thin Melanoma I Kieran, D Mowatt, K Gajanan, P Shenjere, D Kosutic Dermatologic Surgery 42 (6), 779-780, 2016	2016
The hypoxia marker CA-IX is prognostic in soft tissue sarcoma patients treated in the UK phase III VORTEX trial L Forker, S Sioletic, P Shenjere, J Irlam, H Valentine, D Hughes, ... European Journal of Cancer, S70, 2016	2016
Pathological Response to Preoperative Treatment as a Predictor of Cancer Outcome in the Treatment of Soft-tissue Sarcoma R Walshaw, Z Gahelnabi, J Wylie, P Shenjere, A Choudhury Clinical Oncology 27 (9), 544	

7. PATIENT AND CARER FEEDBACK AND INVOLVEMENT

7.1Patient support initiatives

7.1.1 Oswestry Sarcoma Support Group

Started in February 2016, the group was set up on the feedback received from patients following a successful Health and Wellbeing Day. Patients asked for a group where they could regularly meet others with a sarcoma diagnosis. Therefore, The Oswestry Sarcoma Support Group was formed, an informal patient led group meeting was set up with the aim of providing information, friendship and emotional support for current and former patients, relatives and carers and anyone affected by sarcoma.
The group meets bi-monthly and is held in the hospital in the Trust meeting rooms, and takes place between 4 and 6pm.
The group format has been as follows:

- Introduction from Group Leader
- Talk/Discussion
- Discussion amongst attendees over hot drinks and cake.

Since its inception, the group has achieved good attendance figures with there being more than 20 patients and carers at each meeting

A buddy system has also been formed, this is for those who cannot or do not wish to attend but would still like to be in contact with somebody who has the same or similar diagnosis or experience.

The group has its own website and is active on Facebook and Twitter.

7.1.2 Christie Sarcoma Support Group

Christies have relocated their support group to the newly opened Maggie's Centre, which has been hugely successful. The environment is much more conducive to welcoming new members and for relaxed socializing, whilst allowing the members to keep up to date/access the exciting programme of activities/courses available at the centre.

Now they have confirmed it as a regular location, they plan to organise a Wellbeing event, in a similar format to the one held in Oswestry, in 2017.

7.2 Local patient surveys

GMOSS Patient Feedback Survey will be repeated at start of 2017 and will be reported in the 2017 annual report

8. RESEARCH AND CLINICAL TRIALS

8.1 Recruitment to Clinical Trials

8.1.1 RJAH

"Can shear wave elastography differentiate benign from malignant soft tissue tumours" is ongoing with approximately 75% recruitment target to date (March 2017)
Dr N Winn, RJAH

8.1.2 Christie

Radiation Oncology

- MISTS study (local) 15 patients completed in 2016
- Vortex study (national) reported nationally and internationally in 2016
- IMRiS study (national) opened late 2016 with patients recruited from early 2017

Medical Oncology

19 patients recruited into clinical trials

- Announce 1: Phase III RCT of doxorubicin + placebo vs doxorubicin + olaratumab for advanced STS
  CREATE: Phase II study of crizotinib for advanced Alk-1 activated tumours including RMS and IMFT
  EuroEwing2012: Phase III RCT of VIDE / VAI vs VDC/IE for non-metastatic Ewing sarcoma
- EwingsPK study: non-CTIMP. Pharmacokinetic study for patients with ewing sarcoma on VIDE or VDC/IE
- LMS Adjuvant study: Phase III RCT of adjuvant chemotherapy vs observation for high grade uterine LMS
- Masatinib first line study: Phase III RCT of imatinib vs masatinib for advanced stage GIST
- Masatinib second line study: Phase III RCT of sunitinib vs masatinib for advanced stage GIST
- reCCUR: Phase III RCT of 4 chemotherapies for relapsed Ewings sarcoma
- VIT for RMS: Phase III RCT of Iriniotecan & temozolamide vs same + vincristine for relapsed RMS.