

NATIONAL COLLABORATING CENTRE FOR CANCER (NCC-C)**Suspected Cancer****Eleventh Guideline Development Group (GDG) meeting**

Monday 27th and Tuesday 28th January 2014
Board Room, NCC-C, Park House, Greyfriars Road, Cardiff

GROUP MEMBERSHIP & ACTION LIST

GDG Members	
Dr Steve Hajioff (SHa)	Dr Lindsay Smith (LS)
Professor Willie Hamilton (WH)	Mrs Susan Ballard (SB)
Dr Euan Paterson (EP)	Mrs Nicki Doherty (ND)
Dr Jeanne Fay (JF)	Mr David Martin (DM)
Mrs Nicki Doherty (ND)	Dr Richard Osborne (RO)
Dr Liliana Risi (LR)	Mrs Susan Hay (SH)
Dr Karen Sennett (KS)	Dr Joan Meakins (JM)
Dr Yoryos Lyratzopoulos (YL)	
NCC-C staff	
Angela Bennett (AB)	Katrina Asquith-Coe (KAC)
Dr Andrew Champion (AC) (Day 1)	Dr Mia Schmidt-Hansen (MSH)
Victoria Kelly (VK)	Dr John Graham (JG) (Day 2)
Mathew Prettyjohns (MP) (Day 1)	
NICE staff	
Katie Perryman-Ford (KPF)	Stephen Brookfield (SBr) (Day 1)
Apologies	
Dr Stuart Williams (SW)	

REPORT OF DISCUSSIONS AT THE MEETING**1 Welcome and apologies**

SHa welcomed everyone to the 11th meeting of the Suspected Cancer GDG.

Apologies for absence were received from Stuart Williams and Nicki Doherty (day two only).

2 Declarations of interest

The following declarations of interest were noted:

SHa declared that he has been appointed as Chief Medical Officer to Pain Management Solutions, an organisation that provides physical and cognitive therapies to people with chronic pain across 20 health economies in England. This was classed as personal pecuniary non-specific meaning that SHa can participate in discussion on all guideline topics as cognitive therapies are not within the remit of the scope.

SB declared that she has been invited to help review papers submitted to the NCIN conference to select papers for posters and presentations. SB informed that she will be reviewing the following categories: co-morbidities, recurrence and metastatic disease, survivorship and patient experience and reported outcomes. This was declared as personal non-pecuniary meaning that SB can participate in all guideline topics as this work is not specific to the scope of the guideline.

JM declared that she has been appointed Macmillan Cancer Lead for the Vale of York CCG. The role is for one session a week and jointly funded by Macmillan and the CCG. JM informed that her role will be to look at the pathway of cancer from early diagnosis to end of life care. Her first project will be to set up fast track referral pathways for metastases of unknown cancer. This was classed

as personal pecuniary specific, meaning that JM can participate in all guideline topics as her role is not funded by the healthcare industry.

SHa informed the GDG that he has recently taken on a new voluntary role as Associate Director of Public Health at the London Borough of Hillingdon.

The GDG were reminded that if they take on any new interests, these must be declared to the NCC-C as soon as they happen so that the necessary action can be taken.

3 Minutes of the last GDG meeting on 25 & 26 November 2013

The minutes of the last meeting were agreed as a true and accurate record of the meeting with the following exception:

- Page 3 item 13: The GDG discussed whether or not the sensitivity of ultrasound in the detection of pancreatic cancer is associated solely with false positives. The GDG felt that this diagnostic test is associated with both false positives and false negatives and that both phrases should be included in the LETR statement.

4 Discussion

The clinical and health economic evidence for endometrial cancer was presented to the GDG. The GDG discussed the evidence and drafted recommendations.

The clinical evidence for cervical cancer was presented to the GDG. The GDG discussed the evidence and drafted recommendations.

The clinical evidence for neuroblastoma was presented to the GDG. The GDG discussed the evidence and drafted recommendations.

The clinical evidence for retinoblastoma was presented to the GDG. The GDG discussed the evidence and drafted recommendations.

The clinical evidence for Wilm's tumour was presented to the GDG. The GDG discussed the evidence and drafted recommendations.

The GDG discussed recommendations and LETR statements for stomach, oesophageal, pancreatic, liver, vaginal and vulval cancer.

SBr gave a presentation on the implementation costs of the guideline.

SHa updated the GDG on the approach being considered for a symptom based guideline.

5 Close of meeting

SHa thanked members for their input to the meeting, reminded them that the next meeting would be on Monday 27 & Tuesday 28 January 2014 at NCC-C, Cardiff.