

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

Monday 25th and Tuesday 26th November 2013
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)	Dr Stuart Williams (SW)
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)	
NCC-C staff	
Angela Bennett (AB)	Katrina Asquith-Coe (KAC)
Dr Andrew Champion (AC)	Dr Mia Schmidt-Hansen (MSH)
Victoria Kelly (VK)	David Jarrom (DJ) (Day 2)
NICE staff	
Katie Perryman-Ford (KPF) (Day 1)	Beth Shaw (BS) (Day 2)
Apologies	
Mrs Susan Ballard (SB)	Dr John Graham (JG)
Dr Joan Meakins (JM)	Dr Yoryos Lyratzopoulos (YL)

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

SHa welcomed everyone to the 10th meeting of the Suspected Cancer GDG.

Apologies for absence were received from Susan Ballard, Yoryos Lyratzopolous, Joan Meakins and Katy Perryman Ford (day two only).

2 Declarations of interest

SHa reminded the GDG of the importance of being clear when reporting declarations of interest. He stressed that if there was the potential for a conflict to be perceived externally, then this "conflict" would need to be managed appropriately.

SHa acknowledged that GDG lay members were chosen for their experience of specific cancers. However, stressed the importance of being able to step back from personal views when reviewing the evidence and drafting recommendations. For this reason SHa asked the GDG to be very open and clear with any conflict of interest. If GDG members are unsure if there is a potential personal conflict of interest, he suggested they speak with himself before further exploration. If it is felt that there is a conflict it will be discussed at the GDG meeting.

KS queried whether the GDG's declarations of interest could be circulated at GDG meetings. AB responded that all declarations made by the GDG are already recorded in the minutes of meetings, which are circulated to the group.

ND declared that she has been taken on a new role of Deputy Chief Operating Officer at Barnsley Hospital NHS Trust.

JF informed that she will be resigning from her current post with Macmillan Cancer Support and undertaking a new salaried post commencing January 2014 with Oxford Health NHS Foundation

Trust. The new post will be 'Senior Medical Interface General Practitioner's' consisting of three sessions per week initially moving to full time at the end of 2014. Her role will be involved with the elderly care in rapid assessment.

SHa declared that he has been appointed as non-executive director of an organisation that develops computer software which provides shared decision making information to patients and aids doctors in hospitals organise their work. This was categorised as personal pecuniary non-specific meaning that SHa can participate in discussion on all guideline topics as the guideline will not be reviewing patient pathways.

RJO declared that he acts as a scientific advisor to an ovarian cancer charity (Ovacome) and CUP Foundation charity. This was categorised as personal non-pecuniary non-specific meaning that RJO can participate in discussion on all guideline topics as not funded by the healthcare industry.

3 Minutes of the last GDG meeting on 3 & 4 October 2013

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

- Liliana Risi is not listed as attending for the GDG meeting in October and September.
- Page 7: 9.2.3 'Faecal occult blood and faecal immunochemical tests are not *universally* available' – 'currently' removed.
- Page 9: 9.2.23 'This would remove the need for biopsies, avoid infection and *decrease* mortality rate' – 'increase' removed.

4 Discussion

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

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

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

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

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

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

The GDG discussed recommendations for gall bladder, small intestine, lung cancer, mesothelioma, Non-Hodgkin's lymphoma and Hodgkin's lymphoma.

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.