

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

on Tuesday 19<sup>th</sup> – Wednesday 20<sup>th</sup> June 2012, Board Room, NCC-C, Park House,  
Greyfriars Road, Cardiff

**GROUP MEMBERSHIP**

<b>GDG Members</b>	
Professor Orest Mulka (OM)	Dr Nicki Doherty (ND) (Day 2 only)
Professor Willie Hamilton (WH)	Mrs Susan Ballard (SB)
Dr Euan Paterson (EP)	Mrs Susan Hay (SH)
Dr Jeanne Fay (JF)	Mr David Martin (DM) (Day 2only)
Dr Liliana Risi (LR)	Dr Richard Osborne (RO)
Dr Stuart Williams (SW)	
<b>NCC-C staff</b>	
Dr Andrew Champion (AC)	Dr Nathan Bromham (NB)
Dr John Graham (JG)	Sabine Berendse (SBr)
Katrina Asquith-Coe (KAC)	Huajie Jin Lily (HJ)
Dr Mia Schmidt-Hansen (MSH)	
<b>NICE staff</b>	
Barbara Meredith (BM) (Day 1 only)	Claire Turner (CT)
<b>Apologies</b>	
Dr Lindsay Smith (LS)	Dr Karen Sennett (KS)
Dr Yoryos Lyratzopoulos (YL)	Dr Joan Meakins (JM)

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

OM welcomed everyone to the first meeting of the suspected cancer GDG. Apologies were received from Dr Yoryos Lyratzopoulos, Dr Karen Sennett, Dr Lindsay Smith, Dr Nicki Doherty (day one) and Mr David Martin (day one).

**2 Declarations of interest**

Declarations received to date:

- JF declared that she is involved in the NAEDI project. This project enables practices to:
  - Complete a two phase audit of selected 2week wait referrals*
  - Complete a SEA audit of emergency Cancer diagnoses*
  - Complete a Plan in response to their Practice Cancer Profile*
  - Attend three workshops*
  - Understand their local pathways and the costs associated with them*
 This interest was categorised as non-personal financial specific meaning that JF can participate in discussion of all guideline topics.
- YL declared that he is an academic active in the field of early diagnosis research and currently hold a postdoctoral fellowship from the NIHR on a related subject.

This interest was categorised as personal non-pecuniary meaning that YL can participate in discussion of all guideline topics.

- WH declared the following:
  - WH is a Medical Director of Exeter Friendly Society (private medical insurance and income protection) and receives a fixed fee. This interest was categorised as personal-financial non-specific meaning that WH can participate in discussion on all guideline topics.
  - WH is the Chief medical officer for insurance companies: Exeter Friendly Society, LV and Friends Life. His role is to assess complex applications and claims and his fee is based on hours of attendance. This interest was categorised as personal-financial non-specific meaning that WH can participate in discussion on all guideline topics.
  - University of Exeter received a grant from Macmillan to support research activity on pathways towards cancer diagnosis. None of it is for personal use, though a small proportion is used for travel to relevant conferences. The large majority supports the salary of a researcher. £25,000. This interest was categorised as non-personal financial specific meaning that WH can participate in discussion on all guideline topics.
- University of Exeter receives grants to support research activities.
  - Continuity And Detection Of Cancer in Primary Care (CADOC-PC). Ridd M, Salisbury C, Montgomery A, Hamilton W. CRUK. £37,308 2011-2012. This interest was categorised as non-personal financial specific meaning that WH can participate in discussion on all guideline topics as not funded by the healthcare industry.
  - Long term outcome in giant cell arteritis. Luqmani R, Hutchings A, Dasgupta B, Arden N, Smeeth L, Hamilton W, Culliford D. RfPB £96,226. 2011-3. This interest was categorised as non-personal financial non-specific meaning that WH can participate in discussion on all guideline topics as giant cell arteritis is not covered by the guideline.
  - El CiD: Improved lung cancer identification by targeted chest X-ray (CXR) – a clinical trial looking at the effect on lung cancer diagnosis of giving a CXR to smokers aged over 60 with chest symptoms. Neal R, Hurt C, Tod A, Rogers T, Hamilton W. CRUK, £150,320. 2011-2. This interest was categorised as non-personal financial specific meaning that WH can participate in discussion on all guideline topics as not funded by the healthcare industry.
  - A systematic review of the risk of cancer posed by symptoms reported to primary care, for oesophagus, stomach, uterine and cervical cancers. Hamilton W. Sharp, D, Rose P, Neal RD. CRUK, £49,323 2011-2 [principal applicant] This interest was categorised as non-personal financial specific meaning that WH can participate in discussion on all guideline topics as not funded by the healthcare industry.
  - ColoRectal Early Diagnosis: Information Based Local Evaluation (CREDIBLE). Marshall T, Wilson S, Dowswell G, Morton D, Hamilton W, Greenfield S. CRUK, £323,000, 2011-3. [co-applicant]. This interest was categorised as non-personal financial specific meaning that WH can participate in discussion on all guideline topics as not funded by the healthcare industry.
  - Policy Research Unit in Cancer awareness, screening and early diagnosis. Duffy SW, Coleman MP, Bernard R, Sasieni P, Cusick J, Parkin M, Ramirez AJ, Wardle J, Nazareth I, Forbes L, Raine R, Macleod U, Rubin G, Hamilton W. Department of Health. £4,805,750. 2011-6. [co-applicant]. This interest was categorised as non-personal financial specific

meaning that WH can participate in discussion on all guideline topics as not funded by the healthcare industry.

- Optimising diagnosis of symptomatic cancer. NIHR Programme Grant. Hamilton W, Walter F, Raffle A, Emery J, Rubin G, Ades T, Bankhead C, Peters T, Knowles J, Hollinghurst S, Rose P, Brindle P, Turner K, Neal R. £1,945,945. 2010 – 2015. [principal applicant]. This interest was categorised as non-personal financial specific meaning that WH can participate in discussion on all guideline topics as not funded by the healthcare industry.
- Using a participant-completed questionnaire to identify symptoms that predict lung cancer: a feasibility study. Wilson S, Brindle L, Corner J, George S, Hamilton W. NIHR School for Primary Care Research (NSPCR). £126,043 2009-11 [Primary care input to design and conduct]. This interest was categorised as non-personal financial specific meaning that WH can participate in discussion on all guideline topics as not funded by the healthcare industry.
- The role of ultrasound compared to biopsy of temporal arteries in the diagnosis and treatment of giant cell arteritis, Luqmani R, Bradburn M, Hutchings A, Wailoo A, Dasgupta B, Salmon J, Wakefield R, McNally E, Hamilton W, McDonald B, Wolfe K, NIHR HTA, £1,569,250 2009-13. [Primary care input to design and conduct]. This interest was categorised as non-personal financial non-specific meaning that WH can participate in discussion on all guideline topics as giant cell arteritis is not covered by the guideline.
- WH declared that he has private shares with Glaxo Smith Kline. This interest was categorised as personal pecuniary specific meaning that WH can must withdraw from discussing any topics which include an intervention made by GSK. No topics in the guideline cover interventions by GSK.
- WH is a member of the Cancer Diagnostic Advisory Board(CDAB), a DH committee tasked with improving cancer diagnostic activity in England. His two main areas of involvement were i) to help produce guidance for GP direct access to diagnostic tests for cancer (this covered four cancers: lung, colon, ovary and brain). This guidance 'Direct Access to Diagnostic Tests for Cancer. Best Practice Referral Pathways for General Practitioners' is now published. ii) To give primary care input into the design of a national database capturing cancer diagnostic activity – this database is now live. No payments were made for attendance at any of this committee, or its subcommittees' meetings, though WH's travel expenses were met by the DH. The CDAB still exists, though may be wound up in late 2012. This interest was categorised as personal non-pecuniary meaning that WH can participate in discussion of all topics.
- WH declared that he has published many papers on cancer diagnostic topics from 2000 onwards. One major output of work has been Risk Assessment Tools (RATs), which are coloured charts detailing the risk of cancer in symptomatic patients. So far these have been published for lung, colon, ovary, prostate, pancreas, and (in a rudimentary form) brain. Other cancer sites will be published during the time of the GDG. The National Cancer Action Team has piloted the use of lung and colon tools, and has disseminated them widely within the English NHS. The tools have been provided free, and WH takes no financial benefits from their use. This interest was categorised as Non-Personal Financial Specific. As other RATs are available the decision made was that WH can be questioned by the GDG on the subject area but cannot be involved in drafting recommendations.

No new interests were declared at the meeting. 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 Discussion**

The GDG were given an introduction to NICE and its guideline development methodology.

The GDG discussed the guideline scope and the topics that will be investigated. The group then drafted and agreed a PICO questions for some of the topics.

The GDG discussed topics which were potential priorities for economic investigation.

### **4 Close of meeting**

OM thanked members for their input to the meeting, reminded them that the next meeting would be on Tuesday 24<sup>th</sup> July 2012 at NCC-C, Cardiff.