

Shortlist: Innovation in Treatment

This award recognises innovation(s) in cancer treatment introduced since 2020 that are benefitting patients in Wales. The innovation(s) may be in surgery, oncology or an associated element of treatment.

1. All Wales Genomic Oncology Group and Service

Who	Why
<p>Nominees:</p> <p>Samantha Cox – Consultant clinical oncologist, chair of AWGOG, Genomics lead for Wales cancer Netco – Velindre</p> <p>Adam Christian – Consultant Histopathologist/honorary senior lecturer, Lab director, cellular pathology – CVUHB</p> <p>Alexandra Murray – Consultant clinical geneticist & clinical lead – AWMGOG</p> <p>Jessica Morris – Senior Project support officer – WCN, NHS Wales Health Collaborative</p> <p>Kayleigh Chainey – Senior Project manager – WCN, NHS Wales Health collaborative</p> <p>Madeleine Adams – Consultant paediatric Oncologist – CVUHB</p> <p>Pasquale Innominato – consultant in medical oncology – BCUHB</p> <p>Prof James Coulson – AWTTC Clinical director</p> <p>Prof Mark Davies – Consultant Medical Oncology SBUHB</p> <p>Rhian White – Consultant clinical scientist/head of cancer genomics</p> <p>Sian Morgan – Consultant clinical scientist & AWMGS Lab director – AWMGS</p>	<p>The All Wales Genomics Oncology Group (AWGOG) was established in May 2020 by members of the DPYD testing pilot project team, a <u>project</u> which saw Wales become the first UK nation to routinely offer pharmacogenomic screening to cancer patients. Within 18 months, what started as an informal meeting has seen '<u>Genomics</u>' recognised as a work stream within the Wales Cancer Network (WCN).</p> <ul style="list-style-type: none"> • In collaboration, AWGOG has implemented horizon-scanning to identify novel targeted therapies currently under NICE appraisal. This enables the NHS within Wales to accurately predict future requirements for precision medicine services and facilitates timely implementation. • Published guidance to date includes the <u>NTRK</u> and <u>EGFR2</u> gene fusion testing services, each of which has been supported by educational workshops. • Since September 2020, organised, chaired or presented at 5 national educational <u>webinars</u> with over 330 NHS staff in attendance. • A <u>collaborative project</u> has enabled results to be uploaded onto the Welsh Clinical Portal (WCP) ensuring every team member has access to this vital clinical information. • An <u>All Wales audit</u> of the lung cancer genomics pathway has shaped the creation of a 'biomarker testing pathway' for lung cancer, a model which we hope will be replicated in future SCP projects. <p>Operationally, the All-Wales Medical Genomics Service (AWMGS) developed and launched the Cymru Service for Genomic Oncology Diagnoses (CYSGODI) in July 2021.</p>

Sophie Harding – Advanced Oncology Pharmacist – Velindre
 Steve Knapper – Clinical reader in haematology/consultant haematologist– Cardiff Uni/CVUHB
 Stuart Davies – Director of Finance & Exec lead for Genomics commissioning – Wales health specialised services committee
 Stuart Evans – Cancer Pharmacist – SBUHB

Nominated by: Samantha Cox, Consultant clinical oncologist (self-nomination)

Organisation: All Wales Medical Genomics Service

AND

Nominees:

Megan Fealey – Gnomics Implementation officer
 Sian Lewis – Clinical Scientist
 Sian Wood – Clinical scientist
 Erik Waskiewicz – Clinical bioinformatician
 Laura McCluskey – Clinical bioinformatician
 Nia Haines – Genetic Technologist
 Helen Roberts – Clinical scientist
 Rhian white – Consultant Clinical scientist, Head of Cancer Genomics

Nominated by: Rhian White, Consultant Clinical scientist (self-nomination)

Organisation: All Wales Medical Genomics Service

The laboratory is one of the first genomic laboratories in the UK. CYSGODI has future proofed genomic testing for cancer patients in Wales for the next 5–10 years. As new drugs are developed for tumours against genomic biomarkers, the genomic biomarker can be analysed and reported from the assay with no need for additional tissue samples or testing. It also facilitates the reporting of tumour-agnostic genomic markers and enables Welsh patients and clinicians to access appropriate clinical trials.

The development of **CYSGODI** exemplifies how AWMGS is a UK leader in the development of precision medicine services and it is transforming Welsh cancer diagnostics by enabling rapid access to available precision medicine drugs and to drugs that are approved in the future.

2. Virtual Assessment Patient pathway – Velindre

Who	Why
<p>Nominees: Tej Quine – VAPP Team lead Ruth Thomas– Senior Admin Chris Davies – SACT charge nurse Emma Williams – Pharmacy technician Penelope Cox – SACT Staff nurse Cath Ball – VAPP Admin Ruth Hall – VAPP and medicine management nurse</p> <p>Nominated by: Self nomination</p> <p>Organisation: Velindre</p>	<p>The VAP clinic has developed out of necessity, partly due to COVID social isolation rules and the subsequent need to adapt the way we assessed patients prior to chemotherapy/ SACT, and partly due to increasing capacity issues within outpatient clinics. What started out 2 years ago as a project to test the concept is now a fully funded business-as-usual clinic, demonstrating prudent healthcare and allowing for clinical prioritisation.</p> <p>The VAP clinic – or Virtually Assessed Patient clinic – is a standalone pre chemo/ SACT assessment clinic. Stable patients who are undergoing routine chemotherapy/ anti-cancer treatment are transferred out of the medical clinics and into the VAP Clinic – a nurse-led, independent, autonomous multi cancer site clinic. Staff were recruited and trained and all now work at the top end of their registration. Responsibilities include:</p> <ul style="list-style-type: none"> • Assessing the patients SACT-related toxicities and prescribing the SACT • Detecting clinical or biochemical signs of cancer progression • Checking scans are requested and booking into clinics for results • Liaising with the patients' medical team, CNS, family etc • Acting as a patient's point of contact / keyworker. <p>Patients are transferred into the VAPP clinic and return to the medical clinic only for scan results, end of treatment reviews or if clinical progression is suspected. This creates capacity in the medical clinic. The VAP clinic has so far assessed over 3,500 patients in the past 18 months – freeing up over 1,750 hours of medical outpatient hours. Across three patient satisfaction surveys, overall patients rated their VAP consultation as 9.36 /10.</p> <p>Currently colorectal makes up 70% of the referrals, followed by breast at 20%, with gynae and urology on 5% each. The VAP clinic plans to continue to expand into new regimens and cancer sites. Upper GI and lung are in early stages of development and there is a growing need for patients on immunotherapy and other small molecule drugs to have access to help medical clinic capacity problems, enable prioritisation and demonstrate prudent healthcare.</p>

3. Trans-oral robotic surgery – Cardiff & Vale UHB

Who	Why
<p>Nominees: Mr Stuart Quine – Consultant ENT/Head & Neck surgeons Mr Sandeep Berry – Consultant ENT/Head & neck surgeons</p> <p>Nominated by: Annette Beasley – Macmillan lead cancer nurse</p> <p>Organisation: Cardiff and Vale UHB</p>	<p>Through local and national leadership, Stuart and Sandeep have been instrumental in establishing the Trans Oral Robotic Surgery service for head neck cancer both in Cardiff and Vale University Health Board and as a regional service for Wales based at UHW since Dec 2019.</p> <p>Trans-oral robotic surgery (TORS) is a minimally invasive alternative to open surgery or trans-oral laser surgery, for the treatment of some head and neck pathologies, particularly oropharyngeal carcinoma. TORS enables surgery to be performed with greater accuracy. This results in reduced complications of open surgery, improved eating and drinking, swallowing and speech, quicker recovery and reduced stays in hospital. TORS may also avoid patients needing to undergo chemotherapy or radiotherapy treatment.</p> <p>Working with key stakeholders, Stuart and Sandeep visited established TOR centres, and developed a successful business case to establish in Cardiff and Vale UHB. This then led to the development of a regional service for Wales. The service commenced in Dec 2019 and since then 53 patients have undergone trans oral robotic surgery. In those with early-stage disease robotic surgery has facilitated cure without the need for chemotherapy and radiotherapy.</p> <p>To ensure holistic support prior to having TORs, patients are seen in a pre-treatment clinic run by the head and neck CNSs and AHPs. The CNS and AHP team also support patients during their inpatient stay and offer a post-treatment follow up service. The head and neck team in Cardiff and Vale UHB have been the highest recruiter for patients in the MOSES trial across the UK so far and have also been actively contributing to the PATHOS trial.</p> <p>A prospective data base is being maintained to record activity including the recording of functional outcomes. Patient feedback has been excellent.</p>

4. Haematology trials – Betsi Cadwaladr UHB

Who	Why
<p>Nominee: Dr Earnest Heartin</p> <p>Nominated by: Hannah Williams – Haematology research specialist nurse Betsi Cadwaladr UHB</p> <p>Organisation: Betsi Cadwaladr UHB</p>	<p>Since the beginning of the Covid19 pandemic, many oncology trials were closed to recruitment and follow up. However, Dr Earnest Heartin (Consultant Haematologist) made every effort to successfully keep the Haematology Research at YGC at the forefront of patient care, and has taken on patients at Ysbyty Gwynedd, to ensure these patients have equal opportunity to access to trial drugs and treatment during the absence of other clinicians.</p> <p>For example, during the pandemic Dr Heartin has taken up role as Principal Investigator for a new Phase2, AML study 'VICTOR'. This gives eligible patients access to novel, <i>Covid safe</i> treatments, with the aim of revolutionising how we give these patients Chemotherapy. Phase 2 trials are known to be complex to manage. Dr Heartin has enabled patients to start and remain on Phase2 trials throughout the duration of the pandemic. This required a lot of effort on his part, closely monitoring patients with restricted access to them is difficult. This is where Dr Heartin's passion for research and gold standard care has shone through, with Glan Clwyd currently being the highest recruiter to VICTOR trial. A phase 2 international study for Acute Myeloid Leukaemia treatment.</p> <p>Despite his high–pressured job as Principal investigator, and Clinical Director Dr Heartin remains approachable, a great educator, professional and positive. A trial patient said to me just this morning she "loves how glass half–full he is...". His ability to motivate and inspire his team is something I have never experienced until I worked in research and I wholly believe he is deserving of this award.</p>

5. TacTiCC – Cardiff University

Who	Why
<p>Nominees: Prof Andrew Godkin – Personal Chair and Consultant Gastroenterologist & Hepatologist Prof Awen Gallimore – Prof of Infection and Immunity Dr Martin Scurr – research scientist</p> <p>Nominated by: Lee Campbell – Head of Research, Cancer Research Wales</p> <p>Organisation: Cardiff University</p>	<p>The TaCTiCC phase II clinical immunotherapy trial has been pivotal for advanced and end-stage bowel cancer. The unique design of the trial utilised low-dose cyclophosphamide to deplete immune-suppressive T-regulatory cells in order to enhance the immune response to TroVax®, which stimulates the immune system to destroy cancerous cells expressing a tumour antigen, 5T4, present on bowel cancers.</p> <p>55 patients with metastatic disease and currently undergoing a chemotherapy treatment holiday were recruited and were either treated with cyclophosphamide or TroVax® alone, in combination, or with placebo. 32 of the 40 patients treated with intent demonstrated improved survival, with an average overall survival of 20 months in treated patients compared to 10 months for patients in the control arm of the study.</p> <p>Analysis revealed that treatment with cyclophosphamide alone had the same impact on overall survival as TroVax® or combined treatments. Importantly, treatment with cyclophosphamide alone correlated with a decrease in the number of T-regulatory cells and an enhanced anti-tumour T-cell response. Patients reported no or limited side effects with a good quality of life when treated with low-dose cyclophosphamide.</p> <p>This study was the first of its kind to demonstrate that bowel cancers, once considered to be cold-tumours with respect to conventional cancer immunotherapy treatments, could in fact be targeted using novel immunotherapy approaches that address the biology of the tumour. The results of the study were published in JAMA Oncology, one of the highest-ranking cancer journals in the world.</p> <p>A definitive Phase III randomised trial will be conducted in primary bowel cancer patients that have undergone initiative curative treatment but are at high-risk of relapse. The hypothesis is that greater benefit can be gained in patients with less advanced disease. It will start in the summer of 2022.</p>

6. MUO pathway – Swansea Bay UHB

Who	Why
<p>Nominees: Laura Jones – GP extended interest in oncology Allie Shipp – consultant medical oncologist Ellen Fitzgerald – AOS clinical nurse specialist Lynne Breeze Jones – AOS clinical nurse specialist Emma Mathias – AOD clinical nurse specialist</p> <p>Nominated by: Sarah Gwynne – Consultant clinical oncologist & clinical lead for oncology</p> <p>Organisation: Swansea Bay UHB</p>	<p>The MUO team in SBUHB have succeeded in expanding the current MUO service with a dedicated outpatient clinic and the ability to take referrals direct from primary care. The clinic started in November 2020.</p> <p>Patients presenting as MUOs (metastatic malignancy identified on the basis of a limited number of tests, without an obvious primary site, before comprehensive investigation) do not immediately fit into a tumour site specific pathway and as such can lead at times to unacceptable delays. These patients, and those who go on to have a diagnosis of CUP, are often of poor prognosis and are disadvantaged by not always having access to a CUP specialist.</p> <p>The creation of the MUO CUP MDT as part of the SBUHB AOS service in 2016 (only the 2nd in Wales) was a major step forward in managing the risks posed to this group of patients, but as access to this service was predominantly through the AOS teams identifying patients in the acute hospitals, it was available only to those in secondary care and patients presenting in primary care did not have the same access.</p> <p>There was a need to develop a dedicated pathway for MUO patients with single point of contact for both primary and secondary care and a clinic where both USC referrals from primary care can be assessed and next steps agreed and those who are diagnosed with CUPs can continue to be managed within this expert team. This was developed in partnership with the Rapid Diagnosis Centre, where MUO is one of the top 3 diagnoses made. The clinic was set up 12 months ago and has seen 45 patients in that time.</p> <p>The MUO service remains only one of 2 in Wales, and the first with direct access for GPs. The team has acted as mentors to North Wales for their pilot of same service of 2 MUO/CUP MDTs in Wales. Patient satisfaction survey is currently being undertaken, and the service is being expanded to include a palliative radiographer to help with symptom control, and a biopsy service in Neath Port Talbot.</p>

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