

Greater Manchester Pathology Network – Priority Action Group – Meeting Notes/Report

Priority Action Group 1 – HER2
 Wednesday 22nd April 2009, 12pm
 Boardroom, Didsbury House Hotel, Manchester M20 5LJ

| In attendance | | | Apologies | |
|------------------|----|------------------------------------|---------------|--------------------------------|
| Liz Beckett | LB | The Christie NHS Foundation Trust | Roger Hunt | Stockport NHS Foundation Trust |
| Peter Clark | PC | Salford Royal NHS Foundation Trust | Julie O'Brien | Stockport NHS Foundation Trust |
| Angela Cramer | AC | The Christie NHS Foundation Trust | | |
| Anthony Gledhill | AG | Salford Royal NHS Foundation Trust | | |
| Neil Jenkinson | NJ | GM PCTs | | |
| Laura Kidd | LK | GM PCTs | | |
| Rachel Pearson | RP | GM PCTs | | |
| Jeff Seneviratne | JS | GM PCTs | | |
| Nick Telford | NT | The Christie NHS Foundation Trust | | |
| Malcolm Timmins | MT | Stockport NHS Foundation Trust | | |
| Anne Yates | AY | Salford Royal NHS Foundation Trust | | |

Discussion Points

- AY welcomed AC (Christie's) back to the group and welcomed a number of new members.
- **Minutes of meeting held on 21st January 2009** – agreed as a correct record
- **Matters arising –**
- **Audit** – AC explained that the aims of the HER2 Audit she had undertaken were to determine turnaround times for IHC and FISH, look at activity, positivity rates and assay validation. AC confirmed that samples from UHSM, Macclesfield, Leighton, Tameside, Warrington, Wrexham and Pennine (Jan-Mar 08 only) are sent directly to Christie for IHC, with average TAT of 2 weeks for IHC and 3 weeks for FISH. AC explained that the longer turnaround times for FISH for sites carrying out their own IHC (e.g. Bolton and Wigan) were a consequence of the practice of clinicians requesting FISH once IHC results were available. AC highlighted the Stockport/Pennine FISH figures as she had noticed that in previous years when Christie carried out the IHC testing test the figures were 17.6% against the national figure of 20%. Since Stockport have taken over that figure has dropped to 9%. AC initiated discussion on possible reasons for this eg could be due to poor fixation which might mean that some 2+ samples were being mis-reported. . AG stated that the figures are based on a range from 4% to 50% in some areas, whilst the national average of 20% was based on a massive number of tests and a figure of 20% may well not be correct for the Greater Manchester population. PC suggested that we investigate this issue before discussing it further. MT confirmed that all 2+ from Stockport are sent to Christie for FISH and AG/PC confirmed that all Salford 2+ cases are FISH tested.
- AG mentioned an issue around the transport of FISH results as it has been noted that going from the signature date on the result it can take up to a week for the sending lab to receive the results. This is obviously not an issue with the laboratory turnaround. AY enquired about the possibility of electronic reporting. AC confirmed that there were moves in that direction but changes were not imminent. Any laboratory noticing a lengthy despatch to receipt time should let Angela/Nick know so they can check their (non-laboratory) systems at Christie.
- AC referenced the Her2 testing recommendations for the UK which include that Her2 IHC techniques should be validated (100 cases minimum). AG commented that Salford had recently carried out a validation study on 120 cases. AC offered to assist with a validation study on the Pennine cases in connection with the apparent reduction of the percentage of 2+ cases being reported. JS commented on Pennine's figure of 419 for IHC testing via Stockport which seemed to be a large volume compared to other trusts and JS asked if this was to be expected. It was explained that due to the geography this was correct as Pennine covers a large area (N.Manchester, Oldham, Bury & Rochdale). AY said that it should also be remembered that before the Her2 funding was secured, only selected new breast tumour cases diagnosed at Pennine were having Her2 tests which may affect statistics.
- **Local EQA scheme**– PC offered apologies as although the slides had been circulated to each lab, he had been on leave and had not compiled a report for this meeting. AY asked for a report to be prepared for the next meeting.
- **Retrospective Testing** – AY reminded members that the GMPN funding was for testing new breast cancer cases and not for the testing of metastatic tumours. AY asked for guidance on requests on breast tumours diagnosed in previous years that had not had Her 2 testing (eg before available) and whether retrospective testing of such cases can be charged to the Network. NJ enquired what volume of patients was involved. AG confirmed that at Salford he had carried out 4-5 this year and other members commented that the number of cases were low. NJ agreed the Network can be charged for such cases.

- **DAKO Herceptest- quality issues** – AY reported that there had been no national alerts and that she had been in touch with Keith Miller in London to discuss comments raised by AC at past meetings. In the last EQA run several laboratories using certain batches of Dako Herceptest had experienced some problems. MT mentioned Stockport issues around the DAKO Herceptest. DAKO representatives have been over from Denmark to discuss the issues with Stockport and try to resolve them. MT reported Stockport are considering moving away from this kit, but that this would be a decision for Dr. Hunt. Salford no longer performs Her2 testing via the Dako Herceptest method and has successfully implemented revised methodology using an alternative kit.
- **Invoicing for work** – Mr S Downing (Strategic finance lead for AGMPCT's) attended the meeting. AY explained that SD, JS, RP and herself had all met in March 2009 to discuss current testing arrangements and options for a way forward. The meeting had been very useful and a list of actions had arisen from that meeting:
- Bolton and Wigan are still carrying out their own test in house and not sending samples to Salford. It is unclear whether Bolton and Wigan are submitting data to the national HER2 database. Salford have set up all their systems ready to receive extra work from Bolton and Wigan and to date have not received any.
- Tameside is still sending samples to Christie instead of to Stockport as requested by the GM Path network. Tameside have stated that their pathologists think this better reflects the patient pathway. AY had discussed this with RH who had confirmed that the oncologists actually see the patients at the diagnosing hospital in the first instance. AY felt that the Tameside point of view was not necessarily accurate. The invoicing surrounding the Tameside work was unclear in March but it was now known that Christie had invoiced for this work to the GMPN funding. The group were reminded that the previous Christie Manager agreed to charge trusts directly that are not conforming to the Pathology Network Her2 decisions rather than the network funding..
- Next steps are to understand workload, funding values and quality standards. RP has written to Bolton and Wigan to enquire about the number of their cases but to date has had no response so this information is still unknown. AC reported that Christie has had 35 cases from Bolton for FISH testing and that Bolton submits numbers to NEQAS. The situation at Wigan remains unclear.
- From activity information collated by AY there have been 2,577 IHC cases and 510 FISH cases charged to the Pathology Network during the financial year 08-09. Bolton and Wigan cases are not included in these figures.
- SD explained that under the new rules to govern competition that have been introduced by the NHS the way in which the GM Her 2 testing scheme was set up in 06/07 would not be valid in 2009. Therefore a way forward needs to be identified to ensure that all new breast cancer patients in Greater Manchester receive Her2 testing in a uniform manner subject to the same quality standards and criteria regardless of which laboratory performs the work. One way forward could be that the PCT's include quality standards for Her2 testing in their annual contracts with their trusts. SD confirmed that this is feasible. A discussion was held on what such standards might include and AY/JS agreed to meet ahead of the next PAG meeting to draft some standards based on the suggestions voiced at this meeting. MT asked if the funding received in the last 2 years is at risk. SD responded by stating that the whole situation regarding utilisation of this funding needs to be investigated. JS confirmed that there is a sum of money for Her2 testing and SD reiterated that the investigative work needs to be done before any changes are discussed.
- AY and JS will also to look at: future membership of this group - actively taking part in a group like this is information sharing. NJ commented that any lab could help to set the standards even if they are not hosting the service but AY clarified that only laboratories with appropriate or relevant knowledge would be of help.
- **Quality standards** – It was agreed that a first draft of quality standards would be drawn together by AY and JS, and agreed with the existing membership via email, so that a wider group of participants for other/potential testing sites could be invited to the next meeting in July 09.
- MT raised the issue of lump sum funding as £45,000 will cover 750 cases only. Christie and Salford had not invoiced for all lump sum this year and had invoiced according to the number of tests they had actually performed. AY asked if the network had looked other Her 2 IHC and FISH prices in other regions. SD confirmed that this had not been done yet and stressed the difficulties in getting tariffs off other PCTs.
- AY enquired if RP had located the historic paperwork relating to the initial bids for laboratories to become one of the 3 designated Her2 testing laboratories for Greater Manchester. RP confirmed she had and they had been passed onto SD.
- **Leica invitation to tour Newcastle laboratory** – The original invitation by Leica had not been firmed up due to the extreme weather conditions at the time. AY asked if there was still an interest so that other potential dates could be requested. Several people would like to take advantage of this opportunity – AY will contact Leica for Summer dates.
- **Any other business**
- **CPD Certificates** – LK offered to send out CPD certificates to anyone who needed one. Certificates are to be sent to LB, PC, AC, AG, MT, AY
- PC asked if there are any other tests similar to Her2 in the pipeline. SD commented that it is important to keep GM PCTs informed of anything that potentially will impact on pathology. SD asked that any such information be brought to this meeting.

Actions

- MT and AG to send IHC turnaround times at their respective labs and volume figures to AC to include in audit.
- AY and JS to draft quality standards
- SD to bring paper to the next meeting on funding flows, costs and benchmarking
- AY to contact Leica re Tour of Newcastle Laboratory and demonstration of Leica Her2 IHC test

Recommendations to the Greater Manchester Pathology Network Board (if any)

- None

Date and Time of Next Meeting

- Wednesday 22nd July 2009, 12-3pm, Didsbury House Hotel, M20 5LJ