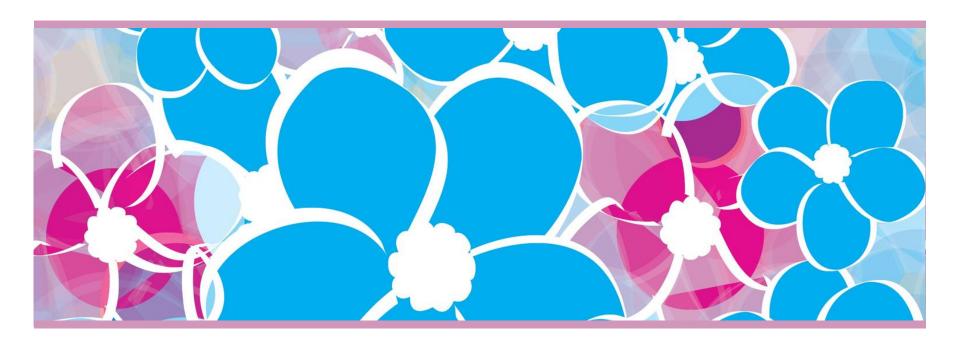


Leah Taylor

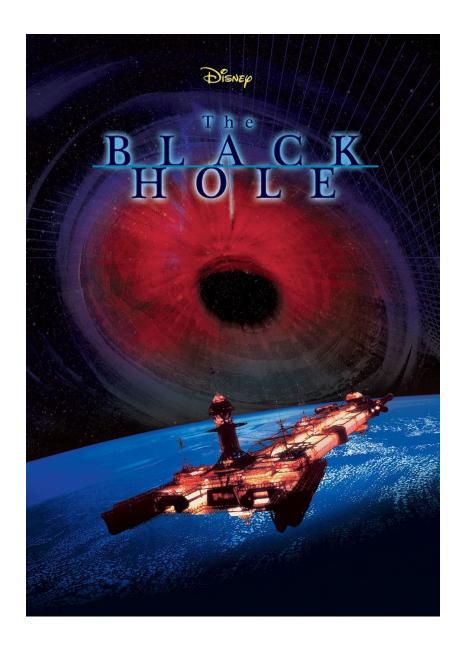
Mesothelioma UK CNS Team Leader

Mesothelioma Update

EAG Audit Event Thursday 27th September 2018



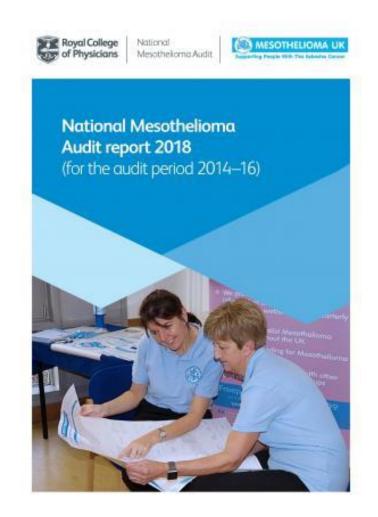








National Mesothelioma Audit report 2018







Mesothelioma UK and the Royal College of Physicians

Results from 2014-16

Demographics

across England and Wales submitted data that contributed to this report



individual patients

were diagnosed with mesothelioma during the audit period

of pleural n. occurs v. males
the large majority of cases are littlely to be the to occupational absertise exposure



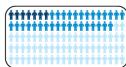
6,932 pleural cases 260 peritoneal cases

Data completeness

Survival

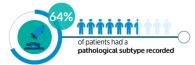


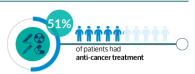


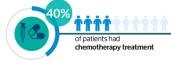


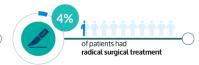
1-year 38% 3-year 7%

Treatment













Performance



Northern England

Pathological subtype **64%**

Pathological subtype 74.9%

Anti cancer treatment 51%

Anti cancer treatment 50.4%

Chemotherapy (PS 0-1) **59%** Chemotherapy (PS 0-1) **69.4%**

Surgery 4%

Surgery 0.8%

Radiotherapy 22%

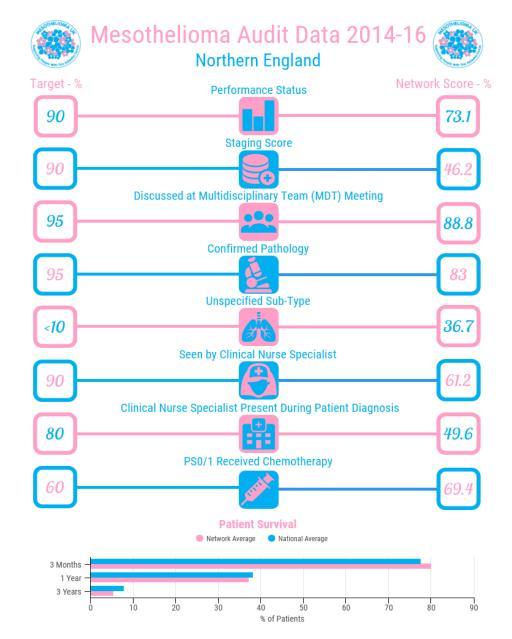
Radiotherapy 20.3%

1 year survival 38%

1 year survival 37.3%















■ Data completeness

Performance status (PS) describes a patient's level of functioning in terms of their ability to care for themselves, daily activity and physical ability. It is measured using a 5-point scale which can range from 0 (good function) to 4 (poor function). Stage refers to the extent of the cancer, such as how large the tumour is and whether it has spread. The new British Thoracic Society (BTS) guidelines recommend that all cases of diagnosed MPM are staged using the new IASLC/IMIG TNM 8 clinical staging system.

Trust	PS recorded	Stage recorded
Northern England	73.1%	46.2%
South Tyneside NHS FT	91.4%	8.6%
City Hospitals Sunderland NHS FT	72.3%	23.4%
North Cumbria University Hospitals NHS Trust	56.8%	5.4%
Gateshead Health NHS FT	85.2%	48.1%
The Newcastle Upon Tyne Hospitals NHS FT	74.0%	52.1%
♠ Northumbria Healthcare NHS FT	64.4%	74.6%
South Tees Hospitals NHS FT	70.1%	35.8%
North Tees and Hartlepool NHS FT	90.3%	71.0%
County Durham and Darlington NHS FT	69.4%	33.9%

© For England, the national average for PS was 68.1% compared to a standard of 90.0%, and the national average for stage was 54.0% compared to a standard of 90.0%.





♣ Summary of Unadjusted Results PCR1 LCNS3 SACT in PS 0-16 Trust Cases Subtype 2 Anti-Cancer⁴ Surgery (radical) 5 Survival 7 Northern England 528 83.0% 63.3% 61.2% 50.4% 0.8% 69.4% 37.3% 35 74.3% 37.1% 82.9% 57.1% 8.6% South Tyneside NHS FT 75.0% 53.1% City Hospitals Sunderland NHS FT 47 89.4% 85.1% 80.9% 46.8% 0.0% 60.0% 32.6% North Cumbria University Hospitals NHS Trust 37 78.4% 51.4% 40.5% 54.1% 0.0% 73.3% 41.7% Gateshead Health NHS FT 27 66.7% 19.2% 88.9% 81.5% 33.3% 0.0% 60.0% The Newcastle Upon Tyne Hospitals NHS FT 78.1% 57.5% 0.0% 47.0% 73 91.8% 69.9% 84.8% M Northumbria Healthcare NHS FT 78.0% 118 78.8% 53.4% 48.3% 0.0% 59.6% 39.1%

26.9%

74.2%

16.1%

52.1%

55.2%

38.7%

56.5%

51.4%

0.0%

1.6%

0.0%

4.5%

72.7%

64.0%

75.0%

58.8%



South Tees Hospitals NHS FT

England

North Tees and Hartlepool NHS FT

County Durham and Darlington NHS FT

67

62

62

6642

85.1%

75.8%

85.5%

88.2%

73.1%

59.7%

64.5%

63.3%

30.6%

24.6%

43.1%

38.0%

¹ Proportion of all patients with pathological confirmation of mesothelioma :: ² Proportion of all patients whose mesothelioma is subtyped :: ³ Proportion of all patients assessed by a specialist nurse :: ⁴ Proportion of all patients who have anti-cancer treatment (surgery, radiotherapy, systemic treatment) :: ⁵ Proportion of patients who undergo radical surgery :: ⁶ Proportion of patients with with PS 0-1 who have systemic anti-cancer treatment :: ⁷ Proportion of patients alive at 1 year after diagnosis

Recommendations



- 1. Data completeness for the performance status field should exceed 90%.
- 2. In accordance with TNM8, clinical teams are encouraged to record clinical TNM staging at multidisciplinary team meetings for MPM patients. Hospital trusts should aim for an overall recording of stage in at least 90% of cases.
- 3. At least 95% of patients submitted to the audit should be discussed at a mesothelioma multidisciplinary team (MDT) meeting.
- 4. All MDTs should appoint a 'clinical data lead' with protected time to allow promotion of data quality, governance and quality improvement.
- 5. Pathological confirmation should be over 95%, and where the proportion of cases of unspecified MPM is above 10%, review of diagnostic procedures and pathological processing is recommended.
- 6. At least 90% of patients should be seen by a CNS and signposted to MesoUK resources including the mesothelioma CNS helpline if there is not a locally available mesothelioma CNS; at least 80% of patients should have a CNS present at the time of diagnosis.



Recommendations



- 7. Patients with adequate performance status should be offered active anti-cancer treatment, including palliative chemotherapy. MDTs with chemotherapy rates (in good PS patients) below 60% should perform detailed case note review to ascertain why. High-quality patient information should be available to guide treatment decisions.
- 8. For patients undergoing surgical treatment, every effort should be made to accurately record the OPCS-4 code of the procedure undertaken.
- 9. All patients should be offered access to relevant clinical trials even if this requires referral outside of their network.
- 10. Where survival is below national average, an in-depth local audit is recommended, including analysis of active anti-cancer treatment rates and length of the diagnostic pathway.



Recommendations



- 11. All patients with peritoneal mesothelioma should be referred for discussion at a mesothelioma MDT and signposted to MesoUK resources; patients of good PS should be considered for treatment with palliative chemotherapy.
- 12. For patients with peritoneal mesothelioma who have good PS and epithelioid subtype refer to the national peritoneal mesothelioma MDT for consideration of cytoreductive surgery.







1st line & maintenance



MARS 2

- All subtypes
- Surgical sites
 - Barts, Sheffield, Leicester,
 Cardiff, Glasgow
- Medical sites
 - South Tyneside, South Tees,
 Northumbria Q4 2018

ATOMIC

- Sarcomatoid/Biphasic
- Chemo + ADI-PEG20 v Chemo
 + placebo
- Northumbria opening Q4 (2018)
 - Sites Wansbeck & North
 Tyneside Hospitals
- Dr Mulvenna Principal Investigator



Maintenance



NEMO

- All subtypes
- Switch maintenance Nintedanib v Placebo after 1st line chemo
- South Tyneside



2nd line



FAK/PD1 – Defactinib & Pembrolizumab

- All subtypes
- Pleural & peritoneal
- Glasgow/Edinburgh

VIM – Vinorelbine v ASC

- All subtypes
- Multiple centres nearest Sheffield



3rd line



CONFIRM – Nivolumab v Placebo (2:1)

- All subtypes
- Pleural and Peritoneal
- Northumbria opening Q4 2018
 - North Tyneside & Wansbeck Hospitals
 - Dr Gardiner Principal Investigator



Radiotherapy



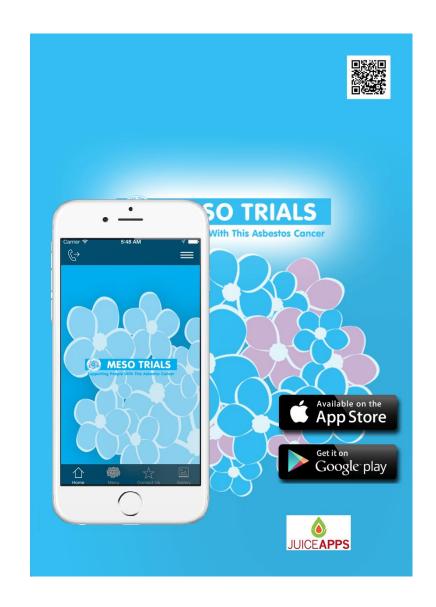
SYSTEMS-2

- Standard v dose escalated RT for pain control
- 20Gy in 5 fractions over 1 week
- 36Gy in 6 fractions over 2 weeks
- All subtypes
- Newcastle in set up





Coming soon.....





Private Treatment



- Mainly immunotherapy
 - Limited evidence currently to support use in any stage of disease
- Bevacizumab 1st line
 - BTS Guidelines
- Patients may be able to cover cost through compensation claim
- Impact on trial recruitment?



Support Groups



- South Tyneside Self Help Group (MKMRF)
 - Washington
- PRASAG
 - Darlington
 - Morpeth







£36,000 raised







PRASAG

Paul Readhead Asbestos Support Awareness Group

...providing support & awareness for people affected by asbestos related diseases and their families



The north east, a small ray of light....?









Thank you

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