METASTATIC BREAST CANCER CONFERENCE REPORT

GREATER MANCHESTER
TUESDAY 13 JUNE 2023

EVENT SUMMARY

Conference Organisers

METUPUK, Greater Manchester Cancer Alliance, Mayor of Greater Manchester, Andy Burnham and Debbie Abrahams MP (Oldham East and Saddleworth).

Funding Support

The conference was supported by grant funding from AstraZeneca, Daiichi Sankyo, Gilead and Novartis who all awarded METUPUK grants to support the financial costs of running the Metastatic Breast Cancer (MBC) conference and its supporting activities. They had no input into the agenda, speakers, scientific content or arrangement.

Venue

DoubleTree by Hilton Hotel Manchester-Piccadilly, Manchester, M1 3DG

Number of Attendees

85 delegates from across the NHS, commercial and charity sector.

OVERVIEW

The conference brought together members of the MBC multi-disciplinary-team including clinicians, nurses, scientists, researchers and managers for one day to focus on improving regional and national MBC services. MBC is the leading cause of death for women aged 35-64 in England* and breast cancer is the most common cancer in the UK**, The objective was to highlight a ‘Case for Change’ that could be shared with Cancer Alliances and health systems across England and the rest of the UK. Each speaker was asked to identify calls to action, including any smaller 'quick wins', to feed into a taskforce that would be created following the conference.

*https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2020

**https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/common-cancers-compared#heading-Zero

SPEAKERS

Welcome: Debbie Abrahams MP, Oldham East and Saddleworth

Debbie spoke passionately about her involvement in METUPUK's work. Inequality in access to treatment and therefore outcomes is still a significant issue as well as access to clinical trials. Debbie committed to continue to raise these important issues in Parliament and will be organising a Westminster Hall Debate.

Metastatic Breast Cancer Data Collection:

John Broggio, National Disease Registration Service (NDRS)

John has been leading work for NDRS looking at ways to accurately identify breast cancer recurrence in England. This work is in the final stages of validation in readiness for peer review and publication, As part of the publication process, the algorithm will be made available for NHS organisations to use for their own data. These methods will also contribute to the new National Audit of Metastatic Breast Cancer (NAoMe) for England and Wales.

Chris Carrigan, use MY data

"We have more data than ever before but only around 15% of data is being used nationally to drive change. MBC data has been talked about for a decade but still not published and in use". Chris highlighted how patient involvement is crucial to drive change and patients need to be decision-makers too. Chris is committing to support METUPUK and their work with NAoMe, as part of the governance, and the Charity working with all the UK cancer registries to ensure new techniques are adopted.

Raising Public and Health Service Awareness of Metastatic Breast Cancer

Jo Taylor, METUPUK

Awareness of secondary red flags is key. Clinical staff can be reluctant to give 'controversial' information, however we cannot accurately predict the 30% that will progress from primary to secondary breast cancer. By finding metastases earlier, treatment can be more effective and potentially patients can achieve longer timeframes of stable or no evidence of active disease. METUPUK are committed to ensure the infographics are in every Cancer Alliance in England, so that they can be provided to every patient after their breast cancer treatment. They will also commence work on creating a documented MBC pathway for patients along with launching their new Patient Advocacy programme, with the initial trial in Greater Manchester.

Dr Sarah Taylor, GatewayC

It can be difficult for Primary Care professionals to recognise signs and symptoms of MBC. Education materials, including modules on the GatewayC platform, support Primary Care professionals however further information is needed on a patient level. End of Treatment summaries, which include the infographics for recognising signs and symptoms of MBC, are embedded within Greater Manchester. They are currently exploring coding within the GP level data to identify patients once they are diagnosed with breast cancer.

Nazanin Derakhshan, Building Resilience in Breast Cancer (BRiC)

Naz presented research conducted with Jo from METUPUK around the effectiveness of the red flag signs and symptoms infographics Jo has developed. Education about the signs and symptoms of MBC is poor. GPs are unprepared for possible signs of MBC – 25% had to contact their GP at least three times before receiving this diagnosis. 20% of women with signs of MBC were treated for a different ailment first. 80% of primary breast cancer patients felt they should be made aware of MBC. Follow on research will focus on clinical staff and their delivery of the red flags. Research will be submitted to be published soon. Important that this is shared as it confirms that primary and metastatic patients both want to know about signs and symptoms.

Identification of Disease Recurrence and Progression - Panel discussion on Diagnostics in MBC

Chair: Sam Jole Panel: Anne Armstrong (The Christie), Roger Hunt (Wythenshawe Hospital), Dominic Rothwell (Cancer Biomarker Centre, CRUK)

Sam moderated a lively discussion on both the current and potential diagnostic tools for MBC. Workforce challenges have a significant impact on the speed of diagnosis of metastatic disease, even within the same Alliance, MDTs don't necessarily work in the same way. Currently there is limited scope for adding additional tests into the service. Without the evidence and approval in NICE guidance, changes cannot be adopted into routine practice unless it is within a clinical trial. Problems with the systems not linking clearly causing issues to provide data. Introduction of ctDNA will additionally add work pressure. ctDNA is not going to replace what we do but will complement options for disease control, surgeries, radiotherapies and anti cancer therapy.

Role of local therapy for metastatic disease remains uncertain; clinical trials important to further define its utility. Systemic therapy remains mainstay of treatment for MBC and has driven the improvements in survival times in MBC over recent decades. Dr Armstrong again confirmed that there are workforce issues to support patients going forward. Workforce and capacity issues are impacting the ability of the NHS to deliver new Systemic-Anti-Cancer-Therapy (SACT) approved drugs. Dominic and Roger discussed genomic testing availability for MBC patients. Dominic highlighted that the technology is available now for blood biopsies but needs capacity in order for patients to have hope in accessing in the future.

Options for Disease Control: Surgeries, Radiotherapies and Systemic Anti-Cancer Therapy:

Anne Armstrong, The Christie NHS Foundation Trust

Aims of treatment are to prolong life, maintain/improve quality of life, palliate symptoms and balance treatment toxicity with efficacy. There is data to suggest removing the primary tumour for those diagnosed de novo MBC does improve outcomes. Using retrospective studies there are flaws in the data, but we do know that fitter patients survive better. As part of the SABR COMET trial, patients from the Christie treated with targeted radiotherapy are doing well at one year. The role of local therapy for metastatic disease remains uncertain - clinical trials are important to further define its utility. Systemic therapy remains mainstay of treatment for MBC and has driven the improvements in survival times in MBC over recent decades.

Thomas Satyadas, Manchester University Foundation Trust *(change to published Conference Programme)*

The liver is the third most common site for metastatic disease in breast cancer, Despite there being no robust evidence or guidelines, liver resections for breast cancer metastases are being performed. Currently liver resections for colorectal and neuroendocrine tumours are standard of care both for survival benefit and palliation. Thomas is supportive of liver resection to be considered as part of MBC treatment, but there is a need for prospective studies. A trial shouldn't be just surgery vs chemo. It should also be surgery plus chemo versus ablation plus chemo versus chemo alone.

Referral and Access to Clinical Trials:

Ciara O'Brien, The Christie NHS Foundation Trust

Clinical trials in MBC help to improve patient outcomes and individualised treatment options. But require robust research infrastructure and partnering with academic, industry and patient advocacy partners. Ciara explained the unique set up in Manchester of the Breast Disease Group. It's important for trials to be embedded early in the pathway to help improve outcomes. Patients needing to be fit enough for clinical trials is important and one that patients don't always understand. Trial design is restrictive and there are inequalities in addition to the capacity and resource issues. Ciara highlighted the partnerships between pharma and the Christie towards shared goals.

Fiona Thistlethwaite, The Christie NHS Foundation Trust

Fiona explained how Manchester's experimental early phase trials are managed and how links are forged with industry. Effort on improving access for patients to early phase trials is required covering expanding capacity to recruit, nursing workforce, thinking 'outside the box' for roles and optimising communication and outreach work. Ultimately, how can we make it as easy as possible to refer or be referred. Trials like TARGET and DETERMINE are highlighting the role of personalised care. Workforce issues contribute to inequalities in trial capacity and access but are committed that Manchester is the place for early phase trials.

Kat Southwell, METUPUK

Kat showed METUPUK's new MBC clinical trial interactive dashboard for patients. Websites that are promoted for patient use in searching for trials such as Be Part of Research and Cancer Research UK's clinical trial listings are less than 50% of the full picture of trials for MBC and contain inaccuracies such as search results for closed trials and those not open to MBC patients. Searching by sub type such is not possible either. METUPUK have been collating and sharing this information manually for patients since 2018. By visualising trials geographically, areas of inequality in access to trials can be understood more clearly. METUPUK are committing to work with CRUK and Experimental Cancer Trial Finder teams on improvements to clinical trial discovery for patients.

Keynote Speech: Andy Burnham, Mayor of Greater Manchester

Manchester is in a unique position as a devolved health economy to drive change. Metastatic Breast Cancer patients deserve better, they deserve to be counted, they deserve the opportunity to access to new treatments, and they deserve to live longer. Andy fully supported the creation of a MBC Taskforce going forward with Debbie Abrahams. Through a collective effort from everyone, we can focus on the necessary tasks to bring through the change we need. Andy committed to taking the national action with NHS England and the implementation of national targets for metastatic breast cancer.

Delivering Systemic Anti-Cancer Therapy for Metastatic Breast Cancer
Clare Garnsey, Greater Manchester Cancer Alliance

It is the responsibility of the NHS, voluntary sector, government, and industry partners to work together to improve services and experiences for Metastatic Breast Cancer patients. Over the past few years, the number of new SACT treatments that have been approved for MBC patients has increased demand on NHS services, leading to workforce and capacity challenges. This conference has highlighted the opportunities for change that can be driven by the voluntary sector including raising public awareness and campaigning for MBC to be prioritised within NHS planning guidance. We have also highlighted the opportunities for NHS colleagues and Cancer Alliances to embed education and supporting materials, such as the infographic, to support earlier identification of MBC. Further research and evidence are needed to embed new technologies and tests to identify MBC earlier and to support alternative treatments such as liver resection through clinical trials. When new SACT treatments are approved, further consideration is needed to ensure that there is enough workforce and capacity to support the delivery of these treatments to patients in line with the NHS workforce plan. Government colleagues can continue to lobby for national targets and prioritisation of MBC in planning guidance. All stakeholders can amplify the challenges raised at the conference along with potential solutions and work in partnership towards meaningful actions to support change for MBC patients.

Conference Recordings and Media

The conference followed the Chatham House rule and was therefore closed to recording and virtual attendance. Conference materials such as PowerPoint presentations are shared with the presenters' approval. These will be available on the METUPUK website under MBC Manchester Conference and can be downloaded.

GREATER MANCHESTER MBC TASKFORCE

From the first idea of holding an MBC conference in Manchester we knew this needed to be different. Rather than a get together that might only happen once a year, we wanted the conference to act as a impetus for a set of 'calls to action' that could be worked through and implemented across the Greater Manchester Alliance and beyond. The idea of a Taskforce was formed, with the conference set to outline and commit to action.

The Taskforce's aim is to ensure Metastatic Breast Cancer is a local and national priority for **Local and National Government**, **NHS and Cancer Alliances, voluntary** and **commercial sectors**. Our calls to action shared at the conference are:

LOCAL AND NATIONAL GOVERNMENT

- **Lobby for national targets and prioritisation of MBC in NHS planning guidance and highlight importance of MBC and oncology services**
- **Amplify the voice of the expert groups who are raising issues and providing solutions**

NHS AND CANCER ALLIANCES

- **Continue Primary Care education on signs and symptoms and referral**
- **Continue to develop new ways of identifying MBC earlier**
- **Gather evidence base for options for disease control**
- **Support national audits to ensure every patient with MBC is counted**
- **Ensure capacity for workforce and clinical delivery is considered when approving new SACT and continue to raise these issues to the system**
- **Continue to pilot new ways of working to ensure new SACT treatments can be delivered to all patients diagnosed with MBC**

VOLUNTARY SECTOR

- **Ensure patient advocates work with national initiatives such as the MBC audit**
- **Continue to raise awareness of signs and symptoms**
- **Ensure infographic is in every cancer alliance**
- **Create a documented MBC pathway for patients**
- **Launch the dashboard for clinical trials on METUPUK website**
- **Work with CRUK and Experimental Cancer Trial Finder teams on improvements to clinical trial discovery for patients**
- **Campaign for national targets and planning guidance priorities**
- **Raise public awareness of the challenges the NHS is facing delivering MBC care**

PHARMACEUTICAL COMPANIES

- **Continue to develop new SACT treatments**
- **Support NHS providers to operationalise the delivery of oncology services**

NEXT STEPS

Planning for the governance, member roles and terms of reference for the Taskforce will be mapped out and agreed during the summer, with the aim for the first meeting of the Taskforce to take place in late September/early October 2023. Updates will be posted on the METUPUK website [metupuk.org.uk/mbc-manchester-conference/] and circulated by e-newsletter to attendees of the conference.

Thank you to everyone who took part in the conference offering their time to speak about key issues in the treatment pathway of MBC. We received such positive feedback from delegates, with everyone wanting this to not be a one off event. We look forward to sharing the progress of the Taskforce at a follow-up conference intended for spring 2024.

If you have any questions about this report or the forthcoming Taskforce, please contact **mbc-taskforce@metupuk.org.uk**