



BRITISH ASSOCIATION *of* HEAD & NECK ONCOLOGISTS

Newsletter – Autumn 2013

Letter from the President ***Paul Pracy***



It is the Monday morning after the publication of the Surgeon Level Data for Head and Neck. So far so good, the week end has passed in blissful silence from the press and no one has been attacked. There is of course a sense of relief.

However, now is certainly not a time for complacency in relation to SLR but rather a time for reflection. I don't think that any of us involved in the process of data collecting or reporting is under any illusions as to the work that needs to be done to ensure the smooth running of the process in future years. Given the short time frame and the fact that DAHNO was specifically designed to avoid surgeon specific identification of data it is something of a relief that any data was gathered together at all. My feeling about the process has always been that this year was going to be a very shaky first step on a long journey towards the production of a meaningful data set with which we are all comfortable.

One of the first discussions about the report revolved around the appropriateness of Surgeon Level Reports in H&N. At the initial meeting with Bruce Keogh and Norman Williams, a strong argument was made that it would be more appropriate to present the data for MDTs rather than for individuals. This, it was argued, would better reflect the way in which we work and the MDT has a collective responsibility for the way individual patients are treated. This was rejected as the drive behind the whole process (as far as the Government was concerned) was to present data for individual surgeons. I think this will be an ongoing discussion and may change as more specialities (including non surgical) have to provide data.

What does the future hold and what lessons have been learnt? I think the most successful data published has come from those in which surgeons have had responsibility for the input of data in 'real time' such as BAETS. To this end the DAHNO team is looking at opening up the DAHNO SLR section of the audit for people to have ongoing access in order to populate the fields as the data becomes available. This ownership of the data is important for individuals and has been the cause of a lot of the complaints and criticisms of the process this time. It is important that we all engage in this process and take responsibility for our own data. Even if the responsibility for uploading it is delegated to someone else, the fact that your code has been used to enter the audit means you will have responsibility for the integrity of the data entered. The continuous access should get around the problems there were with the short windows of opportunity that people had to enter/correct data items. Numerous problems were encountered with pass codes that didn't seem to work or trust fire walls that wouldn't allow access. With continuous access, it should be possible to iron these out at an early stage in the cycle of data collection.

Ian Martin, who, in his role as Chairman of the FSSA, has had a lot of feedback on all of the reports submitted, is firmly of the opinion that we should alter the way in which the data is presented and I agree with him. The reports which have resulted in problems for individuals and or Trusts are those in which the data has been presented in the form of league tables. Those that have excited less interest are the reports where the data is presented for each individual as an individual and each trust as an individual Trust. Given the short time frame and the way in which the data was extracted from DAHNO it was not possible to alter the way in which the H&N data was presented, but in future years this can be addressed.

Another issue with the data presented this year has been the low number of cases included for individual surgeons. This is as a consequence of the decision to try and keep the data set as homogeneous as possible. It was felt that including patients who had had previous treatment would result in higher complication rates which could be harder to explain to lay people. Unfortunately the result is that it could appear to lay people that some surgeons have a yearly workload of less than 10 cases! I feel that all patients undergoing surgery who have a diagnosis of HNSCC should be included in the audit and in addition a 'denominator' of all the surgical procedures carried out by that surgeon should also be recorded, regardless of a cancer diagnosis. There needs to be some indication as to the volume of work carried out by an individual to provide an appropriate context in which to evaluate their data.

There have been a number of concerns expressed about the data items collected. There was a lot of debate before the collection as to what items would be useful and there was a limited consultation, with people given an opportunity to suggest useful items. The items selected were those which are often taken as surrogate markers of good practice. However, it has become apparent during the collection process that the collection of data on surgical margins is not helpful and this will be discontinued in future years. There are a number of reasons for this, which space and time, preclude further explanation. This will open up space for further data to be collected and we would welcome suggestions as to what people feel would be useful data to include.

Another issue, which will need to be raised at a local level, is the amount of support for data entry. It has been apparent since the beginning of DAHNO that there is enormous variation in the completeness of the data from Trust to Trust. There are many units with no trust support for data entry, in which data is only entered due to the enthusiasm of an individual who has taken on this role altruistically. I would suggest that, at a time when Trusts are cutting SPAs, there is an opportunity to argue for a significant allocation in order to comply with this Government enforced national data collection. If your trust is unwilling to support this then I would enlist the support of your College RSPA and Regional Professional Affairs Board.

Perhaps the most important thing from this year has been that, in spite of initial reluctance to

engage in the process, 98% of surgeons approached agreed (in the end) to have their data published. I hope that the experience of this year will mean that there is greater engagement in the data collection and reporting process in future years, so that in 10 years' time we may be able to look on the yearly audit with a degree of pride or enthusiasm.

Council:

President	Mr Paul Pracy
Past President	Mr Ian C Martin
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Elected members:

Clinical oncology	Otolaryngology
Prof C Nutting	Mr Vin Palerie
Dr A Sykes	Mr Hisham Mehanna

Maxillofacial Surgery	Plastic surgery
Mr Cyrus Kewala	Mr Steven Morley
Mr James McCaul	Mr Gary Ross

Additional specialties	Trainee Rep
Pathology	Mr M Kennedy
Dr S Thavaraj	

[Affiliate](#)
Mrs Sarah Patt

BAHNO Annual Scientific Meeting 2014

Ricard Simo

The BAHNO meeting for 2013 was held at its usual site of the Royal College of Physicians of London on the Friday 26th of April 2013. The theme of this year's meeting was based around End of Life and Palliative Care Management.

The annual Blair Hesketh Lecture was given by Prof Brian Schmidt, who is a Professor of Oral and Maxillofacial Surgery and Director of the Bluestone Centre for Clinical Research at the New York College of Dentistry in New York, USA. Prof Schmidt is a clinician scientist and a world authority on pain caused by oral cancer. He has published widely in the subject and his clinical research programme investigates biomarkers of oral cancer. His lecture will be titled "The scientific basis of symptom control in head and neck cancer".

The round table had "Palliative care in Head and Neck Cancer" as a title and was chaired by Professor Schmidt and the panelists were Simon Rogers, Sarah Patt, Paul Sanghera and Claud Regnard. The round table allowed discussion of cases which were very relevant and extremely stimulating. The BAHNO Council are very grateful for their contribution.

Over the past few years, one of the most successful sections of the meeting has been the Debate. The debate this year, was titled:

"This house believes that aggressive surgical resection should be offered to patients who have symptomatic incurable recurrent neck disease".

As usual the debate was very entertaining and kept the audience attention to the very last minute.

A significant change this year was a web based feedback survey, which allowed obtaining your CME certificate. As per the majority of revalidation and appraisal portfolios are electronically based, we feel that this is the way forward, and it is also kinder to the environment.

The meeting was as always a huge success with over 120 delegates present and over 90 presentations either oral or in poster form.



BAHNO Annual Scientific Meeting 2014

ECHNO - LIVERPOOL 24th-26th APRIL 2014

Next year the meeting will be organised differently from the traditional manner. BAHNO has joined forces with the EHNS to hold the European Conference in Head and Neck Oncology (ECHNO) in Liverpool from the 24th to the 26th of April 2014. The details of the meeting are on our website at BAHNO (www.BAHNO.org.uk) and at the ECHNO website (www.echno2014.com). Registration for

the BAHNO day (which is the Friday 25th of April) within the congress is possible via the BAHNO website if you wish to attend only for the day. If you wish to attend the whole meeting you should book directly via the ECHNO website. Details of the day registration via the BAHNO website will be available in due course.

We encourage everyone on the Multidisciplinary Teams to attend from Consultants, trainees and Allied Health Professionals.

It is important to note that all presenters for abstracts and posters need to register.

We look forward to seeing you all in Liverpool in 2014 which, undoubtedly, will be a fantastic meeting.



Richard Wight DAHNO Audit Lead

July saw the release of the 8th Annual report and can I thank all members who contributed. The report which can be found at: <http://www.hscic.gov.uk/clinicalaudits> uses the format of hyperlinks to take readers to trust and extended information tables.

Universal submission occurred from all trusts delivering head and neck cancer care in England and Wales, with overall good data quality. We combined for the first time radiotherapy data set statistics and this indicates the audit accurately records radiotherapy as first treatment despite suggestions to the contrary.

To create a visual representation of multi-professional care and as a first across cancer audits we have combined seven elements of the patient pathway into a single chart- the "spidergram"- and would welcome feedback on its value and visual impact.

We have provided information on median length of surgical stay this year and will continue to explore its value.

Pathways in early larynx and oropharynx again showed treatment preference variation across cancer centres. In T3 glottic cancer data supports

chemo-radiotherapy usage as rising in frequency as indicated by some members.

We continue to develop a risk model, but to achieve this would welcome units submitting complete data on stage, co-morbidity and performance status. Increased transparency in reporting requirements as highlighted by the President make this ever more relevant.

For the 2013-14 collection year we will be introducing items on HPV status in oropharynx and on holistic needs assessment within six months of diagnosis (e.g. patient care inventory), as well as GMC number for treating clinician(s) - more information will be published shortly.

BAHNO would welcome proposals from SpR's with a consultant sponsor, to utilise aspects of the 37,000 cases collated so far, which far exceeds any existing UK cohort studies in sub site areas of interest. Currently a detailed analysis of over 2000 salivary cases is in progress. Drop us a line expressing an interest and an outline methodology and we will see how we can help!

BAHNO Research Update

Hisham Mehanna

BAHNO has collaborated with the National Cancer Research Institute, the British Association of Oral and Maxillofacial Surgeons and the British Association of Otorhinolaryngologists Head and Neck Surgeons (ENT UK) and the Royal College of Surgeons of England to set up two Fellowships in Head and Neck Clinical Trials. The aim of this initiative is to increase the expertise amongst head and neck surgeons for running large clinical trials and therefore generate a pool of young head and neck surgeons and oncologists able to undertake these big research projects. In the first instance, two posts have been funded annually for a period of 5 years - one for maxillofacial trainees and one for ENT trainees.

After national advertisement and stiff competition, Mr Paul Nankivell and Mr Andrew Schache have been selected to be the first Fellows to start in October 2013. They will spend the year attending the Clinical Studies Group meetings and the Surgery Subgroups meetings as well as being mentored by experienced head and neck trialists and spending time in associated Clinical Trials Units. This will be done alongside their fulltime clinical training.

The next posts will be advertised in March of 2014 to start in October 2014.

BAHNO Research Grants

Research grants are awarded by BAHNO to fund research proposals that are judged by the BAHNO adjudication panel to show promise and to substantially contribute to the body of knowledge in head and neck or thyroid cancer and its management.

Don't forget the Travelling Scholarship!

For many years BAHNO has offered one or more generous travel grants of the order of £1000 to help trainees visit a leading head and neck unit at home or abroad. The application procedure has recently been updated - details are available on the website. Applications must be received by 1st December in order to be considered by BAHNO Council in March, and the successful applicant(s) will be announced at the AGM

For Your Diary

BAHNO ANNUAL MEETING & AGM

Date: 24-26th April 2014

Venue: ACC – Arena and Convention Centre, Liverpool

Conference website: <http://echo2014.com>

IFHNOS and EHNS

BAHNO is a fully paid up member of the International Federation of Head and Neck Oncologic Societies (IFHNOS) and the European Head and Neck Society:
<http://www.ifhnos.org/home.asp>

Any Questions?

Please contact the Secretariat: Jill McFarland
at: secretariat@bahno.org.uk

Please let Jill have your e-mail address and any change in contact details if you have not already done so, otherwise you may miss out on important news and information such as the ACCEA process!

...and finally!

Remember that full details of all membership categories, how to join BAHNO, application forms for research grants and the travelling fellowship, full programme for the Annual Scientific Conference, abstract forms etc. and much more can be found on our website at: -

www.bahno.org.uk