# Cancer Trials Resilience Sub Group Minutes

# 14th December 1500 - 1600hrs

## Attendance List

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| Prof David Cameron | NRS Clinical Research Champion for Cancer |
| Dr Alan McNair | Senior Research Manager |
| Dr Charles Weller | General Manger of Central Management Team |
| Ian Anderson | Information and Quality Manager, Central Management Team |
| Dr Kirsty Shearer | NRS Cancer Network Manager for the North |
| Dr Ben Chui | Cancer Research UK |
| Joy Dawson | Research Governance Manager, NHS Borders |
| Laura Rooney | CRUK Senior Research Nurse, Beatson WoSCC |
| Emma Kinloch | NCRI Consumer Lead |
| Joe Woollcott | Scottish Cancer Coalition |
| Tracy McEleney | Clinical Trial Service Manager Public Health Scotland |
| Jeff Evans | Director Glasgow Experimental Cancer Medicine Centres |
| Stefan Symeonides | Director Edinburgh Experimental Cancer Medicine Centres |
| Rachel Reel | Senior Policy Officer, Cancer Policy, Scottish Government |
| Denise Calder | Cancer Services Manager, NHS Lothian |
| Anthony Chalmers | Chair of Clinical Oncology, Wolfson Wohl Cancer Research Centre, University of Glasgow |
| Ghulum Nabi | Surgical Uro-oncology – University of Dundee |
| Prof Maggie Cruickshank | R&D Director |
| Gregor McNie | Team Lead, Cancer Policy, Scottish Government |
| Dr Sheuli Porkess | ABPI |

Apologies: Jeff Evans, Prof Maggie Cruickshank, Carol Porteous, Sarah McDonald, Milind Ronghe, Ghulam Nabi, Anthony Chalmers.

## 1. Welcome (Prof David Cameron)

Prof David Cameron welcomed everyone to the second Cancer Trials Resilience meeting.

## 2. Publication of the National Cancer Recovery Plan

The National Cancer Recovery Plan was circulated to board members upon publication.

Within the Recovery Plan key points to note include the diagnostics element. At present there is no research pathway accessing diagnostics. Diagnostics is a key area where capacity and resource struggles to support routine clinical care. Local boards will need to identify their own process to support research with diagnostics. David Cameron highlighted that most diagnostics studies have been embedded within clinical care. However with better focus there might be opportunities to research within diagnostic pathways. Alan McNair: Grail platform is being trialled in NHS England with opportunities to extend to Scotland. Denise Calder: Would be useful to identify clinical effectiveness studies of one treatment versus another and assess

the impact and outcome of individual patients. It may also identify treatments which can help reduce capacity and resource on the system. Stefan Symeonides: There was national approvals of alternate systemic therapy regimes which were more derivable during covid. There should be a wave of more deliverable versions which could be pulled into a data piece. David Cameron: This data is currently being reviewed. Though there might be opportunities for research to identify randomising the covid induced method versus the standard pre-covid protocols. Emma Kinloch: Very little published priorities on rarer cancers. Also, is there an option for Dentists to use the same referral pathways as GPs? Gregor McNie: Dentist are welcome to use NHS embedded referral guidelines. Rarer cancers such as pancreatic and HTC were highlighted but others not mentioned may require a dedicated specific national approach and as a result haven't been exclusively highlighted but does not mean they are not supported.

## 3. NRS Activity Report - Ian Anderson

Ian Anderson narrated through the NRS data paper which was circulated to the group ahead of the meeting.

Kirsty Shearer and Stefan Symeonides indicated as shown in the data there was increasing numbers of Pre approval suspension studies. Cancer has been relatively well protected in the prioritisation process but non Cancer and Cancer non-interventional trials were affected particularly in NHS Lothian where these approvals will not be reviewed until January. Maggie Cruickshank indicated exemptions were being reviewed and should not contribute to delays in NHS Grampian.

David Cameron requested if Laura Rooney could identify if there were any issues with NHS Lanarkshire suspended studies in follow up as the NHS Lanarkshire "Covid Suspended" appeared higher than other boards and would be keen to extend support if required.

Sheuli Porkess: How does research relate to the levels of clinical care throughout Covid? David Cameron: indicated care to patients with Cancer was not reduced during Covid. Cancer care in Surgery studies and referrals and diagnostics pathways suffered, however research is not as prominent in these areas. Cancer research is mostly embedded.

Sheuli Porkess: requested what has been the impact to recruitment from the lack of remote consultations and consent? Laura Rooney: Within bone marrow and cellular therapies they are trying to reduce face to face visits. Less of an issue for Beatson as have bigger clinic space and capacity. Discussion with Sponsor to issue amendments to remote monitoring. Tracy McEleney CTU actively placed remote consenting procedures but not identifying any significant increase on recruitment as yet. Denise Calder: Certain sub groups of trials are more impacted than others and is there is a way to identify these? Is there any differences to impact within different geographical areas? Emma Kinloch: Patients are reluctant to travel from lower to higher tiered area. For remote consenting not all patients have access to printer and scanners. Denise Calder: Is there any interest to developing an action plan to allow patients access to trials without having to travel through different tiers and health board areas. This would also reduce inequalities. Opportunities lie with discussions with CSO, R&D and sponsors. Significant lessons to be learned because of covid. Joy Dawson: Smaller health boards are limited with resource and capacity to trials which is why referrals occur. Charles Weller: the contracting model for vaccine studies allowed a hub and satellite approach which permitted smaller boards to engage in interventional trials. This allows patients in more poverty deprived areas to access research more easily. Maggie Cruickshank: can we move to a model where we can open research across a region? Charles Weller: contractual and regulatory issues from MHRA and HRA trying to be more flexible about site definitions. Stefan Symeonides: suggested that some new

interventional treatment CTIMP studies may be unable to open other than at the main study site however it would be relatively easy to provide a PIS to a potential patient in another board which is not actively taking part in the trial. David Cameron: in addition safety tests based could be performed in the local boards rather than traveling to study site.

Action David Cameron/CSO/CMT: Investigate the contractual and regulatory pathways to identify how to extend clinical trials across regions for non-interventional CTIMP trials in Cancer. Set up a small focus group to identify methods in which this could be achieved.

Action: Ian Anderson to add in Covid research activity i.e SCAMPS study

Action: Laura Rooney to identify reason as to why NHS Lanarkshire has higher levels of "Covid Suspended in Follow up" studies than any other board. Is there anything this group can provide support on?

Action: Ian Anderson to add recruitment activity by health board.

## 4. Barriers to Cancer Clinical Trials Restarting in Scotland

Kirsty Shearer narrated through the barriers to research paper which was circulated to members. The barriers can be broken down into five main themes:

- Remote Monitoring - difficult with some sponsors to accommodate monitoring needs and requirements. Only NHS Lothian can access EPR. Glasgow they can but must be on site. Not all staff have access to IT equipment to take part in monitoring.
- Staffing - office staff to work from home don't always have relevant key infrastructure. Risk of redeployment of staff (less of a risk now).
- Patient - Difficulties to get patients onto site to consent. Not all patients have access to IT equipment to access Near Me for consenting remotely.
- National - Long term we look at balance of covid and getting other research going.
- Issues with support services - Issues with the clinical support services and the impact on research.

Stefan Symeonides: Indicated that months of reduced commercial income and reduced charity funding specifically from CRUK are going to have a big impact on trials. Denise Calder: Will there be any support financially for the short fall in covid through Scottish Government? NHS Lothian have built an extensive infrastructure and it would be devastating blow to have funding cuts impact long term. Ben Chui: Are engaging with AMRC with UK government on life charity partnership fund driven by AMRC. This funding is yet to be confirmed or declined. Gregor McNie: Conscious of the reduced short fall in funding. Any new money at UK level would also involve Scotland and SG are engaged.

Sheuli Porkess: The program board (replacing the NIHR Restart Advisory Board) is now reviewing key issues including themes around remote monitoring. This is to help install resilience and will be performed through the pillar of Digital and Data. In addition The Faculty of Pharmaceutical Medicines have surveyed opinion of pharmaceutical clinicians to advise on the need to build in remote monitoring. The results are here. MHRA have also updated guidance on building in resilience with how to access EPR with online workshops Sheuli Porkess will identify the scope within this. The issues and solutions are multi-faceted and will take time but there is a considerable amount of work being performed. David Cameron: requested if there was any uniformed guidance on eHealth access across Scotland since boards are responsible this could lead to 14

different perspectives on access. Gregor McNie: will link in with eHealth colleagues within SG. Ghlum Nabi: Tayside have an appointed a director of digital technology and eHealth and sits on the chief exec on SG. Discussion has highlighted a need for a Scotland wide strategy on eHealth and specifically how this fits with Cancer trials and clinical research. Gregor to follow up. Maggie Cruickshank: Variations on the facilities within different board's i.e different platforms to quarantine patient records and some have different versions of same platforms. Some boards have had data breaches which has been reported and as a result their IG has a different process.

Action: Gregor McNie: to follow up with SG eHealth colleagues on any uniformed approach across NRS of eHealth access.

## 5. Key Themes for the Group Discuss

David Cameron highlighted that it would be useful to understand any substantial new threats which come through as barriers to cancer research and requested Kirsty Shearer to review and report any changes to the group at next meeting. The NRS Cancer Trials activity paper which will provide the insight to reality across NRS supplied by Ian Anderson is also key. Other sub group themes should follow outside of this group but feed directly into it:

- How we can use Covid to remove pre-existing barriers to research to ensure better equality of access and reduce travel. Denise Calder: Will help to develop an action plan to provide access to trials closer to home where clinically relevant. Action: Denise Calder/Alan McNair/David Cameron

- Gregor McNie will investigate remote monitoring access in relation to an NRS strategy to eHealth rather than boards discretion on access levels. Action: Gregor McNie/Alan McNair/David Cameron

Charles Weller: Commercial sponsors can be very focussed on the sites they wish to include in their study and reluctant to take on others. Sheuli Pokess: ABPI members are open to discussing ways to learn and do things differently.

Alan McNair: ToR has now extended to include PPI, Radiotherapy, Surgery and Paediatrics and to allow contributions from these specific areas impacting on them also.

Action Kirsty Shearer: To provide any available update to barriers to research paper at next meeting.

## 6. AOB

Denise Calder: Radiotherapy develops new techniques which can keep patients out of hospital, keen not lose sight and if this and should be picked up in one of the sub groups. NHS Lothian were operating at 95% capacity before Covid so ability to open up new trials in event of the surge will need to be considered. Need to be proactive in pushing the research agenda. David Cameron: Should first identify if they have been any subset of trials which have been specifically impacted by Covid which may need support. Could Cancer Network managers address these for the next meeting with specific contact to be made with Anthony Chalmers.

Joe Woolcott: Represents the third sector in the Scottish Cancer Coalition. Is happy to support where required.

Action Kirsty Shearer: To liaise with Cancer Networks managers and Anthony Chalmers to identify any known barriers or impacts to radiotherapy trials.