



Lancashire and South Cumbria Cancer Research Network

Lancashire and South Cumbria Cancer Research Network

Work Programme

1st April 2010 to 31st March 2011

1 Agreement Cover Sheet

This Work Programme has been agreed by:

Position	Clinical Lead of the Cancer Research Network
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Name	Dr Andrew Hindley
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Organisation	Lancashire and South Cumbria Cancer Research Network
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Date Agreed	10 th June 2010
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Position	Chair of the Network Board
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Name	Wendy Swift
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Organisation	Blackpool NHS
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Date Agreed	17 th August 2010
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Position	Research Network Manager
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Name	Mrs Rachel Bracewell
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Organisation	Lancashire and South Cumbria Cancer Research Network
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Date Agreed	10 th June 2010
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Contents

1	Strategic Development of the Network	4
1.1	Interaction with the Cancer Service Network (CSN)	4
1.2	Interaction with other Research Infrastructure	4
2	Portfolio Development and Forecast Recruitment	5
3	Workforce Development.....	6
4	Consumer Involvement	6
5	Other Initiatives	7
5.1	Introduction of Edge database system	7
5.2	NSSGs.....	7
5.3	LSCCRN Satisfaction Survey.....	7
5.4	Service Level Agreements	7
6	Summary	8
	Appendix 1 Table Work Programme Forecast Portfolio and recruitment for 2010/11	9

2 Strategic Development of the Network

During 2010/11 the Research Network Manager will be reporting to the LSCCRN's Steering Group to evaluate the possible introduction of local Trust research management structures, to determine whether there is any advantage for the Network of moving from a centralised management model to one which is more devolved.

An increase in follow up patients will necessitate increased data management support, due to the Network's increased investment in 2009/10. This will be assessed during 2010/11 following the introduction of the Edge Database system.

Contractual arrangements for the Network are currently being re-considered and negotiations are ongoing regarding transferring the Network's contract between the Department of Health and NHS Blackpool to Lancashire Teaching Hospitals NHS Foundation Trust. As the majority of the Network staff is employed on LTHFT contracts this will streamline financial matters and service level agreements.

2.1 Interaction with the Cancer Service Network (CSN)

The introduction of joint Cancer Peer Review requirements in parallel with the NCRN Annual Report cycle has highlighted that more robust measures are required to ensure that required evidence is available as undertaken in routine practice rather than specific for reporting purposes.

The LSCCRN will capitalise on increased CSN focus on cancer research issues as part of the Cancer Peer Review process. The Clinical Lead for Research (CLR) and Research Network Manager (RNM) have had some early successes in improving the quality of research portfolio discussions within and directly due to NSSGs and will continue to roll out the LSCCRN's new NSSG trial reports format with increasing attendance to discuss in person. Intra-network referral pathways will be encouraged.

The LSCCRN also plans to initiate discussions regarding clinic configurations, an example being mixed oncology clinics which combine several tumour types. Support for research patients in this setting is proving labour intensive and may be possible to streamline.

Each of the research teams work closely with various Clinical Nurse Specialists and other MDT members to facilitate patient recruitment. All members of the research team have been encouraged to increase local engagement with MDT co-ordinators and clinical staff as well as the Network's central contacts.

Nurse led follow-up clinics will also be considered as progress is made on the areas above.

2.2 Interaction with other Research Infrastructure

The LSCCRN RNM and Cumbria and Lancashire CLRN's Senior Manager will meet bi-monthly, at least, to discuss collaborations at each of the four Trusts. The RNM also intends to meet regularly with each R&D manager regarding each Trust's performance in recruitment to cancer trials and joint management (if applicable) of any staff funded to support NIHR cancer portfolio studies. [See Section 5](#).

Access to NIHR commercial study income by the Network will be a priority. As national guidance has yet to be released local arrangements will be pursued to ensure accurate information is available regarding funding available to the Network from 2011 onwards. This is considered critical to plans to secure funding for any posts that become at-risk.

Location of all staff working on cancer studies will be shared by the LSCCRN with the C&LCLRN in order to identify any funding issues, and vice versa, to ensure that the LSCCRN has every opportunity to deliver additional recruitment with resources available at each Trust. The C&LCLRN have committed to providing the LSCCRN with payment schedules relating to cancer support.

The C&LCLRN does not currently have an Industry Manager. However, with increasing commercial activity the Network needs to consider whether additional CLRN resource is requested to support trial set up as there is a post designed to assist with this in their management structure. Alternatively, if this post is filled, requests will be made for direct input.

The LSCCRN has successfully secured funding for any posts at risk in 2010/11 as we have been able to utilise NIHR Flexibility and Sustainability funding to continue some posts and the C&LCLRN continued posts previously pump primed by NIHR FSF. If expected staff turnover does not occur in 2010/11 alternative funding must be found for the future. Commercial income may be utilised hence its prioritisation. "Lean thinking" methods are being applied to the Network's resources where possible to reduce costs and increase efficiencies.

3 Portfolio Development and Forecast Recruitment

For detailed estimates on each trial planned for support within the network in 2010/11 (as of June 2010) please see [appendix 1](#).

There are up to 64 RCT and 24 non-RCT studies planned. The planned commercial portfolio studies are currently estimated at 8-10. Both are an increase on 2009/10 figures and reflect the scope for widening the local portfolio with CLRN funding and the required diversification due to tumour sub-specialities.

Expansion target areas are Upper GI and Hepato-Biliary; Renal and Sarcoma as well as increasing access to some tumour group trials around the Network as requested by the NSSGs e.g. haematology trials such as Myeloma XI not just to open at the haematology tertiary centre at Blackpool. Surgical trials are also considered a priority but targets are less ambitious based upon last year's experience of the labour intensive nature of commencing studies in this area.

We plan to have a diverse portfolio but certain areas remain elusive such as prevention and screening and paediatric studies, as it is difficult to gain access for our area. Paediatric patients are referred out of the Network.

This year's forecasting method has been refined. Initial estimates were made by the RNM based upon last year's actual results and the first two months of 2010/11 data.

These figures were then shared with clinical representatives involved in recruitment, including the speciality groups where possible. Amendments were made as requested (generally found to be increases). Trials considered to be planned to open within 2010/11 have been included with estimates based pro rata.

RCT forecast is 503 patients which is 7.5% of our cancer incidence.

Non RCT forecast is 284 patients which is 4.3 % of our cancer incidence.

Commercial portfolio recruitment estimate is currently 21 patients. Studies without a completed feasibility have not yet been included in the estimate.

4 Workforce Development

The LSCCRN will work in partnership with other members of the Northern Region NCRN Group to deliver and access the group's training and education programme. This strategic delivery will benefit our workforce by providing access to high quality, tumour specific training within northern England and numerous opportunities to network and share best practice.

The LSCCRN also plans to continue to deliver bi-annual Trial Practitioner days as these provide an excellent opportunity to demonstrate our team's strengths and disseminate new guidance and ideas. At our next Trial Practitioner Day in June we will be analysing our teams' Belbin styles, an update on colorectal cancer by an Oncologist, data management skills and an update on the NIHR and Cancer Peer Review process.

The RNM and CLR will undertake Leadership Quality Framework (LQF) 360 degree appraisals with a local assessor with plans to offer to other team members throughout the year.

GCP training delivery will be considered as more details regarding the NIHR's roll out of facilitator training becomes available.

5 Consumer Involvement

The LSCCRN's Cancer Research Partnership Group will have completed their first questionnaire survey in the summer and will be analysing the results ready for a poster presentation at the next 'Involve Conference'. The topic is the clinical trial poster developed by the Group.

The Group hopes to become involved in the Northern Region Group's plans for consumer involvement collaborations and consideration of how the impact of this development can be captured will be one of the first discussions.

6 Other Initiatives

6.1 Introduction of Edge database system

The LSCCRN has been planning since 2009/10 to utilise this database system to collate all recruitment data, trial tracking and follow-up data. National discussions have delayed local uptake but data is now currently being transferred and checked.

The system is anticipated to allow the LSCCRN to accurately report on the number of studies in follow up, the number of patients in follow up and the ratio of patients screened to recruitment. The intention is also to provide access to our local portfolio for clinicians, both for patient safety and for encouragement of intra-network referrals.

6.2 NSSGs

Greater integration with the NSSGs is sought in order to gain wider agreement on trial recruitment targets, increase surgical input and consider more radical methods of bringing cancer research into the mainstream service.

6.3 LSCCRN Satisfaction Survey

The LSCCRN plans to survey its stakeholders about its service, including patients offered participation in trials by local teams.

6.4 Service Level Agreements

Service level Agreements with Trusts will be revised when the Network's contractual arrangements are progressed, the ambition being to streamline the process.

7 Summary

		2009-2010 Lancashire and South Cumbria Cancer Research Network Work Programme														
Activity/Task		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar			
Strategic development of the Network	Reconsider impact of local line management with view to devolution															
	Negotiate transfer LSCCRN contract to LTHTR															
	Introduction of CLRN Band 5 posts															
Interaction with cancer service network	Cancer Peer Review															
	Increase involvement in NSSGs															
	Discuss clinic planning and changes to facilitate research															
	NSSG discussion- intra network referrals(e.g.lung charts)															
Interaction with other research infrastructure	CLRN AFP discussions															
	Staff detail exchange															
	Commercial income reimbursement															
Portfolio Development and Forecast recruitment	Introduction of improved IT system(informed by NCRN and NIHR)															
	Review of monthly recruitment with sites assigned action plans if below anticipated targets															
Workforce development	NCRN Northern Regional meetings															
	Trial Practitioner days															
	Annual Research Conference															
	Improve recruitment within radiotherapy department															
	Establishment of recruitment to HPB studies															
Consumer Involvement	CRPG Meetings															
	Development and administration of CRPG survey on clinical trial posters															
	Expansion of centralised feasibility service															
	CLRN Funding bids(tbc)															
	CLRN Board															
	NW Exemplar for NIHR commercial studies project															
	NW LRN Managers Mtg/Forums															
	Service Level Agreement review															

Dates

Ongoing

Appendix 1 Table Work Programme Forecast Portfolio and recruitment for 2010/11

Study Acronym	Academic/ RCT/		Study Category	Network Forecast	
	Commeric	non-RCT		Accrual for 2010-11	Comment
Bladder Cancer Group					
Boxit	Academic	RCT	Cancer patients	4	national recruitment issue
Brain Cancer Group					
NBT Study	Academic	non-RCT	Cancer patients	2	New posts to offer support
Breast Cancer Group					
ACU-FATIGUE	Academic	RCT	Cancer patients	3	Timeline unknown
ALTTO	Commercial	RCT	Cancer patients	0	Closed to recruitment
Artemis	Academic	RCT	Cancer patients	5	In early feasibility
Batman(not portfolio)	Commercial	non-RCT	Cancer patients		Confidentiality
BBC-NCRN	Academic	non-RCT	Cancer patients	50	eligibility restrictions
DietComplyf	Academic	non-RCT	Cancer patients	2	one site only
Glacier	Academic	non-RCT	includes pre malignant	30	in feasibility
Herceptin (BO20652)-non portfolio	Commercial	non-RCT	Cancer patients		
Icicle	Academic	non-RCT	includes pre malignant	15	in feasibility
Import Low	Academic	RCT	Cancer patients	25	more sites can enter patients but not open all year
Import High	Academic	RCT	Cancer patients		Planned
NCRN099	Commercial	RCT	Cancer patients	6	NW Exemplar
Persephone	Academic	RCT	Cancer patients	0	
POETIC	Academic	RCT	Cancer patients	10	ELTH then review during year
Supremo	Academic	RCT	Cancer patients	10	
TNT	Academic	RCT	Cancer patients	2	Perhaps one site-ELHT
TransHera	Commercial	non-RCT	Cancer patients	0	
Zice	Academic	RCT	Cancer patients	12	
Colorectal Cancer Group					
Excite	Academic	non-RCT	Cancer patients	2	
Foxtrot	Academic	RCT	Cancer patients	2	Unsuccessful at UHMB but LTHTR due to open
NSCCG	Academic	non-RCT	Cancer patients	70	New posts to offer support
NSCCG	Academic	non-RCT	Non-cancer patients	5	New posts to offer support
Quasar II	Academic	RCT	Cancer patients	4	
Scot	Academic	RCT	Cancer patients	20	
Gynaecological Cancer Group					
Chorus	Academic	RCT	Cancer patients	3	
Groins VII	Academic	non-RCT	Cancer patients	5	
Portec3	Academic	RCT	Cancer patients	3	LTHFT first then ? Other sites
RT3VIN	Academic	RCT	Cancer patients		request for support from gynae group
Haematological Cancer Group					
Arctic	Academic	RCT	Cancer patients	1	
AML16	Academic	RCT	Cancer patients	5	
AML17	Academic	RCT	Cancer patients	15	
MRC ALL2003	Academic	RCT	Cancer patients	0	
MRC PT1	Academic	RCT	Cancer patients	0	
MRD Feasibility	Academic	non-RCT	Cancer patients	1	
Myeloma XI	Academic	RCT	Cancer patients	15	First site just opened in June
Spirit 2	Academic	RCT	Cancer patients	2	
UKALL 14	Academic	RCT	Cancer patients	2	In early feasibility
Head & Neck Group					
Costar	Academic	RCT	Cancer patients	1	In set up but QA means will not recruit until late in year
Pet Neck	Academic	RCT	Cancer patients	6	
Lung Cancer Group					
Convert	Academic	RCT	Cancer patients	2	In set up
ET Study	Academic	RCT	Cancer patients	4	In set up
Fragmatic	Academic	RCT	Cancer patients	50	risk of completion
J Peto Malcs Study	Academic	non-RCT	Cancer patients	5	
Inspire(non portfolio)	Commercial	RCT	Cancer patients		Confidentiality
Squire(non portfolio)	Commercial	RCT	Cancer patients		Confidentiality
Tactic	Academic	RCT	Cancer patients	2	
Time1	Academic	RCT	Cancer patients	20	BFW ambition

Study Acronym	Academic/ Commercial	RCT/ non-RCT	Study Category	Network Forecast	
				Accrual for 2010-11	Comment
Lymphoma Cancer Group					
Bortezomib Study	Academic	RCT	Cancer patients	1	
Fort	Academic	RCT	Cancer patients	6	
Mantle Cell P3	Academic	RCT	Cancer patients	1	
MDS Registry(non portfolio)	Commercial	non-RCT	Cancer patients		
NCRN069(Orchard)	Academic	RCT	Cancer patients	5	
NSHLG	Academic	non-RCT	Cancer patients	10	In set up
Pacifico	Academic	RCT	Cancer patients	3	In early feasibility
RATHL	Academic	RCT	Cancer patients	1	
R Codox	Academic	non-RCT	Cancer patients	2	In set up
R-GCVP	Academic	non-RCT	Cancer patients	1	
Palliative Care Cancer Group					
Fan Study	Academic	non-RCT	Cancer patients	10	
KPS Study	Academic	RCT	Cancer patients	10	1st patient due in June 2010
Transitions to Palliative Care	Academic	non-RCT	Co adopted	?	Census on all in pts due in Nov 2010
Prostate Cancer Group					
CHHIP	Academic	RCT	Cancer patients	35	due to close in third quarter 10/11
Degarelix(non portfolio)	Commercial	RCT	Cancer patients		Confidentiality
NCRN018 (Venice)	Academic	RCT	Cancer patients		Closed to recruitment
NCRN049	Academic	RCT	Cancer patients	5	If recruitment extension granted
Radicals	Academic	RCT	Cancer patients	8	In set up one site only for now
Stampede	Academic	RCT	Cancer patients	30	risk of completion
Trapeze	Academic	RCT	Cancer patients	2	In set up
UKGPC Study	Academic	non-RCT	Cancer patients	20	
Radiotherapy Group					
Skin Study	Academic	RCT	Cancer patients	40	Patient refusal 50%.widening recruitment patch
Renal Cancer Group					
NCRN094	Commercial	RCT	Cancer patients	4	NW Exemplar
Sarcoma					
Vortex	Academic	RCT	Cancer patients	1	in feasibility
Skin					
Avast-M	Academic	RCT	Cancer patients	10	
Melanoma Cohort Study	Academic	non-RCT	Cancer patients	0	Under discussion
Testis					
BEP - TE3	Academic	RCT	Cancer patients	5	
UKGTC	Academic	non-RCT	Non-cancer patients	4	
Upper GI					
BOSS	Academic	RCT	includes pre malignant	70	risk of completion
Chopin	Academic	non-RCT	Co adopted	10	bolt on
Cog	Academic	RCT	Cancer patients	6	
Cougar02	Academic	RCT	Cancer patients	5	
Espac 4	Academic	RCT	Cancer patients	2	In early feasibility
OEO5	Academic	RCT	Cancer patients	10	
Real 3	Academic	RCT	Cancer patients	10	Scheduled for feasibility soon
SOCS	Academic	non-RCT	Cancer patients	40	Band 5s to support
STO3	Academic	RCT	Cancer patients	?	
Telovac	Academic	RCT	Cancer patients	?	
TOTAL				786	