



<b>Meeting title:</b>	Cancer and Nutrition NIHR infrastructure collaboration Steering Committee	
<b>Date:</b>	13 <sup>th</sup> September 2016	<b>Time:</b> 11am-1pm
<b>Location:</b>	Imperial College, Norfolk Place, London	
<b>Present:</b>	Prof Alan Jackson (AAJ) – Chair Kate Allen (KA), Lucy Allen (LA), Millie Barrett (MB), Bernard Corfe (BC), Ramsey Cutress (RIC), Fiona Davey (FD), Lucy Davies (LD), Martin Wiseman (MJW), Steve Wootton (SAW), Lesley Turner (LT), Elio Riboli (ER), Karen Brown (KB), Clare Shaw (CS), Giulia Mangiameli (GM)	
<b>Apologies:</b>	Helen Campbell (HC), Richard Martin (RM), Fehmidah Munir (FM), Mark Hull (MH), Mark Samuels (MS), Karen Phekoo (KP), Karla Duarte (KD), Amanda Cross (AC)	

1.	Welcome and apologies	Action
	<p>Professor Jackson welcomed everyone to the meeting and thanked them for attending. A list of apologies was given.</p>	
2.	<p><b>Previous minutes</b>            These were agreed as an accurate record of the June meeting and will now be posted onto the Collaboration website.</p> <p><b>Matters arising</b>            Work stream 5 ‘Engaging with Industry’ is on hold until other activities have been progressed. SAW and LA are discussing when and how best to take this work stream forward.</p>	
3.	<p><b>Strategy</b></p> <p><b>a) Charity funding event</b>            A summary report from the event was tabled at the meeting. LA reported back via Skype on the MRC-T and NOCRI-led event on 5<sup>th</sup> September which brought together over twenty medical research charities to discuss the feasibility of forming of a funding consortium. A positive response was given by fifteen of the charities attending, who indicated their interest to have further discussions.</p> <p>NOCRI and MRC-T will meet again next week to plan a second workshop for the interested charities, to discuss possible consortium models in more detail. It is envisaged this will be a competition-based system whereby the charities involved are able to opt in or out of specific projects proposed via the Cancer and Nutrition Collaboration.</p> <p>AAJ thanked LA and others at NOCRI for organising the event, and also thanked LT for putting together a strong patient panel that allowed the charities to hear first-hand about the difficulties facing cancer patients in their quest for consistent evidence-based nutritional advice.</p> <p><b>Action:</b> Each work stream to consider what opportunities a charity consortium may offer them.</p> <p><b>Action:</b> Each work stream to be represented at the next charity workshop to take place either late 2016 or early 2017.</p> <p>It was agreed that it would be beneficial for a charity consortium to be set up in order to demonstrate to new BRC directors what structures the Collaboration has in place</p>	<p>All WS leads</p> <p>LA/KD</p>



<p>Nutrition (AfN), and registrants of the AfN have to demonstrate they have achieved certain standards. However AfN registration is not required to use the title nutritionist. In addition, it was recognised that in the private sector it can be easier to get markers of nutritional status tested, which may not be available in the NHS. Therefore, it should be recognised that the opportunities are different in each setting.</p> <p>The National Cancer Patient Experience Survey (NCPES) captures some information about diet and lifestyle in the free text answers people are able to give. The Royal Marsden has done some investigation into this. It was suggested that a question specifically about diet and lifestyle advice should be added into the survey in future in order to capture people's experiences more fully.</p> <p><b>Action:</b> CS and LT to work together on how we might utilise existing data from the NCPES and improve future data capture.</p> <p><b>Professionals:</b> RIC updated the group about new members to this work stream: Professor Robert Thomas, a consultant oncologist specialising in prostate cancer; Jill Scott, a dietitian and Macmillan Learning and Development Manager; Justin Roe, Clinical Service Lead, Speech and Language Therapy, Imperial and Royal Marsden; and Kelly Gleason, CRUK Senior Nurse, Imperial.</p> <p>As outlined in the NOCRI template, there are two main pieces of work in this work stream: involvement in the Toolkit survey, and compiling a catalogue of cancer nutrition advice for patients and professionals. For this second task, authoritative national sources of evidence were accessed. The advice is varied in terms of who it is aimed at and who it is written by. It was agreed that the catalogue of advice needs to be distilled first in terms of whether the advice found is consistent with other sources etc. Many charities give advice that is not evidence-based, and this is important as around 50% of advice to patients is coming from charities. It was suggested the catalogue be clustered into advice to professionals and advice to patients. There may be opportunities to disseminate the catalogue of advice via the NIHR dissemination pathway in the future.</p> <p><b>Action:</b> Professionals work stream to condense the catalogue into a report that could be made available to cancer charities, at the next meeting to progress the charity funding consortium, for the purposes of cross-checking with advice they give.</p> <p><b>Action:</b> Professionals work stream to update their NOCRI template to reflect the changed timelines, due to continuing to focus on the catalogue of advice in order to produce a worthwhile end product.</p> <p><b>Action:</b> Once the template has been updated, a new version will be uploaded onto the Collaboration website.</p> <p><b>Research:</b> AAJ updated the group on activities of this work stream. A matrix of research proposals has been put together by two members of the work stream and circulated for comment. The Collaboration has indirectly inspired a number of research initiatives focusing on nutrition, physical activity and anthropometry in cancer survival. The intention is to build more evidence in order to strengthen the currently weak evidence base and thereby be able to provide robust advice to patients and improve cancer outcomes for individuals. Examples include a project led by Diana Eccles around body composition and breast cancer survival in Southampton, and an application to the CRUK Catalyst Programme involving many international partners and using existing population cohorts in Europe: <a href="http://www.cancerresearchuk.org/funding-for-researchers/our-funding-schemes/population-research-catalyst-award">http://www.cancerresearchuk.org/funding-for-researchers/our-funding-schemes/population-research-catalyst-award</a> The project team will be presenting to the CRUK Special Scientific Panel on 26<sup>th</sup> November and hope to receive feedback shortly afterwards. The award is for up to £5m for a five year project; only one will be awarded.</p>	<p>CS and LT</p> <p>RIC, MJW</p> <p>RIC, MJW</p> <p>FD</p>
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	<p><b>Action:</b> To progress the research work stream, and identify leadership, a conversation will be arranged between AAJ, ER and KB.</p> <p><b>Toolkit:</b> BC updated the group on activities of this work stream, against the circulated report of preliminary findings from the clinicians' survey. Responses have been received from 145 dietitians and 182 nurses, with far lower numbers from medical respondents. Responses from dietitians are consistent with experiences of the BDA Oncology group according to Toolkit members.</p> <p><b>Action:</b> The list of organisations and associations approached to distribute the survey will be circulated to the Steering Committee, to identify obvious omissions.</p> <p>It was suggested that the upcoming NCRI Conference may also be an opportunity to increase response numbers.</p> <p><b>Action:</b> LT to consider how to capitalise on this potential opportunity.</p>	<p>MB</p> <p>FD</p> <p>LT</p>
<p>5.</p>	<p><b>Communications strategy</b></p> <p>MB reported that the Secretariat has asked for a small working group to be set up within the Collaboration, to support development of a communications database. The purpose of the database will be to have a small number of lead people and agreed key messages within the framework of the new Strategic and Business Plans.</p> <p><b>Action:</b> All members of the SC to consider who from their own organisation could join this small working group and contribute to development of a communications database, and pass names to MB.</p> <p><b>Action:</b> As part of the Communications Strategy, a short quarterly newsletter will be circulated to all Collaboration stakeholders after each SC.</p>	<p>All</p> <p>MB/FD</p>
<p>6.</p>	<p><b>Business Plan and budget</b></p> <p>SAW reminded the group of the Draft Business Plan and budget discussed at the last SC meeting in June. Attention was drawn to item 2.3 in the plan and contributions to this section on benefits and impacts of the Collaboration are welcomed.</p> <p><b>Action:</b> Contributions to section 2.3 to be sent to MB for addition into current draft.</p> <p>Ongoing support from the Southampton BRC was recognised and welcomed, with special thanks to Karen Phekoo for her role in this. However, there remains a shortfall in the budget of around £30K without which it will be difficult to continue the Collaboration's core activities.</p> <p>When the new BRCs are announced and the new Directors can be engaged in a conversation, we will have a clearer indication of levels of likely future support. Currently, there is no clear support beyond March 2017.</p> <p>The Collaboration can provide a worked example of how nutrition-related research within delivery of health services can be managed, as this is not a straightforward task due to the pervasive nature of nutrition at all stages of the lifecourse and development/progression of disease. It is hoped the Collaboration can inform government research funding bodies as to how these difficulties could be managed in the future.</p> <p>It was agreed that a strong PPI presence is desirable at future meetings with BRC</p>	<p>All</p>

	<p>Directors as it is important to demonstrate our commitment to PPI as a fundamental part of the Collaboration's work. Supporting the Collaboration could also help BRCs meet their obligations in this area.</p> <p>There will be an end of year report from the Collaboration that looks forward to what can be delivered in Phase 3.</p> <p><b>Action:</b> Secretariat to discuss and schedule writing of end of Phase 2 report.</p>	MJW
8.	<p><b>Priorities and next steps</b></p> <ul style="list-style-type: none"> <li>• Finalising Strategic Plan and supporting document, with additional words provided by Clare Shaw.</li> <li>• Setting up relevant meetings with BRC Directors to discuss future involvement in the Collaboration.</li> </ul>	<p>MB</p> <p>AAJ, MJW, LA, MB</p>
9.	<p><b>AOB</b></p> <p>BC reported on a MSc student who has used the Phase One survey with cancer patients in South Yorkshire and has found similar results.</p> <p><b>Action:</b> BC to send pdf of final project to MB and a reference to this will be put on the Collaboration website.</p>	
10	<p><b>Date and host of next meeting:</b></p> <p>The next meetings will be held on <b>Wednesday 14th December at WCRF</b> and on <b>Wednesday 22nd March</b> at a venue to be confirmed.</p>	