



Meeting title:	Cancer and Nutrition NIHR infrastructure collaboration Steering Committee	
Date:	15th June 2017	Time: 11am-1pm
Location:	CRUK, Angel, London	
Present:	Prof Alan Jackson (AAJ) – Chair Kate Allen (KA), Millie Barrett (MB), Jenny Cameron (JC), Bernard Corfe (BC), Lucy Davies (LD), Steve Wootton (SAW), Fehmidah Munir (FM), Elio Riboli (ER), Karen Brown (KB), Judit Varkonyi-Sepp (JVS), Clare Shaw (CS), Giulia Mangiameli (GM), Martin Wiseman (MJW), Jane Murphy (JM)	
Apologies:	Lesley Turner (LT), Fiona Davey (FD), Helen Campbell (HC), Richard Martin (RM), Karla Duarte (KD), Amanda Cross (AC), Karen Phekoo (KP)	

1.	Welcome and apologies	Action
	<p>AAJ opened the meeting and thanked CRUK for hosting.</p> <p>AAJ outlined where the Collaboration currently is and reiterated the common goal of aligning cancer and nutrition research. Whilst this is not a difficult task there remains substantial activity to carry out.</p> <p>With definable ambitions, and a clear sense of responsibilities, the Collaboration has a specific task within the overall agenda. It is important for us to identify and articulate any obstacles in our direction of travel, anticipate them and deal with them as they arise. It may have felt like a difficult journey at times, but a great deal has been achieved so far, we know what's in front of us and are prepared to confront the challenge. AAJ thanked everyone for their continued support, and noted the fact so many of the original Collaboration members are still on board as a good sign of future success in delivery of our ambition.</p> <p>Matters arising from the last meeting: <u>CS and SAW re ESPEN guidelines and BDA oncology group:</u> CS reported that the BDA Oncology group generally respond to organisational or steering documents like the Cancer Action Plan, and at the moment it is not a priority for them to respond to ESPEN guidance. It was agreed that it would be helpful to know if the guidance sits comfortably with oncology dietitians, because if it does not, it will be important to engage in further discussions with clinicians about the current guidance. SAW had also spoken to BAPEN, a member of ESPEN, who gave a similar response to the BDA Oncology group.</p> <p>Action: SAW to email the BDA Oncology group again setting out why it would be helpful to know their views on the ESPEN guidance.</p> <p>An ESPEN guidance summary document was circulated, and key points highlighted: who the target audiences were; how many recommendations were strong with low evidence; and the fact it was produced without direct input from patients. The take home message is that although ESPEN has academically reviewed the literature, the literature does not have adequate evidence to back up the recommendations. i.e. there are many gaps in the evidence that the Collaboration might want to act on.</p> <p>Action: It was agreed that each work stream should consider the guidance formally, and give</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p>SAW</p> <p></p> <p>WS</p>

	<p>a viewpoint as to how it might affect their activities and the Collaboration overall.</p> <p>Action: The research work streams in particular should consider the recommendations for research when deciding where their priorities lie.</p> <p>Action: There should also be further discussions with the Nutrition Society and others about how we might work together to close the evidence gaps.</p> <p><u>NCRI CSG feedback:</u> The Collaboration would like to see nutrition as a priority for the NCRI. We have been working towards this goal over the last two years and preparing the ground for an over-arching and coherent approach to nutrition within NCRI. Through engaging with CSGs (Clinical Study Groups), through our PPI work stream and a recent survey, we aim to create a basis of support from within, in order to achieve maximum traction.</p> <p>In LT's absence, MB fed back on the ongoing activity around engaging with CSGs. In an effort to embed nutrition research within CSGs a survey was sent to the Chairs of all CSGs from Professor Sam Ahmedzai's research sub-group (Living with and Beyond Cancer). Sam is also Chair of the Palliative and Supportive Care CSG. Responses were received from the following CSGs: skin, prostate, head and neck, lung, and primary care. Further responses are being sought via a nudge from within NCRI. All responses so far indicated an interest in more nutrition focused research. In addition, Sam runs sessions at the annual NCRI Conference and believes that next year there will be sufficient interest to run a session focused on nutrition.</p> <p>Action: Further progress to be reported at the next Steering Committee meeting in September.</p> <p>Lucy Davies explained that CRUK expects applications that are relevant to clinical trials/application to have spoken to the appropriate CSG(s) in their development. Relevant applications that are received by the Population Research Committee and Clinical Research Committee may be sent to appropriate CSG(s) for comments at peer review stage. The applicants have a chance to respond to these comments; CSG and peer review comments and applicants' responses to comments are sent to the committee for their review to make the final funding recommendation.</p> <p><u>CRUK Grand Challenge Questions:</u> These will be announced on 22nd June, CRUK Communications team will send it out to all their networks</p> <p>Action: LD will ensure everyone on this Steering Committee receives the notification.</p> <p>As this is an annual event, AAJ suggested it is not too soon to start working on next year's bids. Part of our ambition for the current Phase IIIa should be to come to agreement as to what we see as the 'big challenge' and offer it to CRUK as part of this process.</p> <p><u>Developing research work stream proposals:</u> It was suggested that setting a target for a minimum number of applications might be a good way to ensure action. ER commented specifically about the Catalyst bid and how this is a growing area of research globally, i.e. how does diet, PA, and weight loss affect long term outcomes for survivors of the most common cancers. Smaller studies could be a more realistic approach, requiring multi-disciplinary approaches, and collaboration between centres and clinicians. This could be turned into a</p>	<p>leads</p> <p>KB, ER and SA</p> <p>BC</p> <p>LT/MB</p> <p>LD/MB</p>
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	<p>secondary prevention application to CRUK, in order to as a minimum agree a strong methodology for this type of study.</p> <p>KA informed the group that WCRF International will be launching its new round of grant funding on 17th July, with a maximum grant of £350,000.</p> <p>CRUK is going to issue guidelines on common pitfalls for applicants, to help strengthen bids in future, as they have found common areas of weakness in applications they receive.</p> <p>Action: LD to inform the Collaboration when these guidelines are issued.</p> <p>Over the next 18-24 months, the Collaboration needs to be clear about what its research agenda is; what will be done about it; how we will approach it; and what the different component parts are. This is also important for our discussions with BRC Directors on 28th June.</p> <p>Action: ER to follow up on statements about the Catalyst bid and what the next steps should be in order to learn from the experience.</p> <p>In order to stimulate this discussion and move forward, it was agreed that a workshop should be held, ideally at Imperial on the same day as the next Steering Committee meeting (13th September), to focus on building a research agenda. The purpose will be to create a plan that can be captured in a single document and used to generate interest and wide support over the next period of time.</p> <p>Action: Secretariat to take forward this activity. All research work streams need to be involved in formulating an overall research action plan. Other stakeholders to be invited accordingly.</p>	<p>LD/MB</p> <p>ER</p> <p>MJW/ SAW/M B</p>
<p>2.</p>	<p>Previous minutes These were agreed as an accurate record of the March meeting and will now be posted onto the Collaboration website.</p>	
<p>3.</p>	<p>Phase II report SAW summarised the development of this document. In conjunction with NOCRI it has been decided that two documents are needed. The first will be a Phase II report published as an e-document on the website, highlighting activities and achievements of this phase of activity. The second will be a promotional booklet, produced with NOCRI's Communications team later in the year, to serve as a tool to engage with a broader audience.</p> <p>Action: Final version of Phase II report to be finalised at the next Secretariat meeting.</p> <p>Action: It was agreed that a communications plan for the Phase II report should be discussed at the next Secretariat meeting on 5th July, and networks within the Collaboration (CRUK, WCRF etc) will be accessed for wide circulation.</p>	<p>MJW/S AW/MB</p> <p>MB</p>

<p>4.</p>	<p>Phase III Plans i) BRC Directors Meeting</p> <p>This has been organised by NOCRI to take place immediately after a meeting between DH and the Directors on 28th June. NOCRI has invited all Directors of BRCs who have either a cancer or a nutrition theme. In preparation for this meeting, and as part of a broader communications and mapping activity, SAW has been speaking directly with Collaboration colleagues who have BRC connections, either directly or via geographical location. Most BRC Directors are currently unfamiliar with the Collaboration and some have asked their colleagues who are involved with us to attend with them on the 28th (e.g. Marsden and Bristol).</p> <p>In addition, AAJ and SAW have met with Professor Rob Read, the Southampton BRC Director, who was supportive and wished to strengthen the association between Southampton and the Collaboration. Professor Read also agreed to play a supportive role at the Directors meeting, providing the space and opportunity for other Directors to engage with the Collaboration.</p> <p>KB reported that although Leicester does not have a cancer theme in the BRC, she is working with BRC Director Melanie Davies and Tom Yates to develop work around diabetes and cancer.</p> <p>BC has met Professor Chris Newman, Professor of Clinical Cardiology and Honorary Consultant Cardiologist, and Director of the CRF in Sheffield. Currently they have not been invited because they don't have a cancer/nutrition theme, but are a neurosciences BRC. However, Professor Newman recognises the need for national frameworks in order to flag activities and long term benefits.</p> <p>JC reported that this is a timely meeting because the message from NIHR is around the need to collaborate across centres, and this provides the Directors with a platform to do that.</p> <p>Action: JC to email ER and CS to follow up who is attending from Imperial and the Marsden.</p> <p>In summary, AAJ highlighted the important fact that good quality nutrition research has benefits for all disease states, not just cancer. The Collaboration offers one example of how nutrition research can be implemented to improve patient care and clinical outcomes. NIHR can learn from this experience, because good nutritional science applies across the board.</p> <p>In addition, the point was made that the Collaboration is far wider than just BRCs, or even just NIHR. We are not limiting ourselves to working within these constraints and already have engagement with many people and institutions beyond the NIHR infrastructure. How we engage effectively with a far wider constituency is a challenge to be addressed in the coming months. Level of involvement from BRCs will help inform this process.</p> <p>ii) Steering Committee Membership and Chair The attachment was discussed and it was noted that since the Collaboration began we have evolved and now represent multiple different interests and authorities. The purpose of the discussion was to ensure we have a strong Steering Committee for entering into the next phase of activity. The list of nine potential member groups was presented: PPI; major funders including NCRI, Wellcome, CRUK and others; smaller cancer charities; WCRF UK; clinical professional and academic communities; NIHR infrastructure; NOCRI; training and capacity building (clinicians and others); commercial sector.</p>	<p>JC</p>
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	<p>The current ToR are adequate, as are the Chair's responsibilities. They should be reviewed every two years.</p> <p>The Chair's position may be affected by discussions with the new BRC Directors. DH and NIHR's view is that the Collaboration has full ownership of the process of appointing a new Chair.</p> <p>Action: The Secretariat will turn finding a new Chair into a defined process, with various options available, including a contingency plan in case one is not found by the next Steering Committee meeting in September.</p> <p>ER thanked AAJ on behalf of the group for his leadership and commitment to the Collaboration since its inception in 2014. It was recognised that Professor Jackson has been instrumental in setting up this activity and driving it forward, everyone joined ER in thanking him.</p> <p>iii) Strategic Plan The attachment was briefly discussed. No one had any specific comments. It will remain a living document, as the outcome of conversations with the BRC Directors could have an impact. This will be revisited at the next Steering Committee in September.</p> <p>Action: Strategic plan to be uploaded onto collaboration website and adopted as a living document.</p>	<p>MJW/S AW/MB</p> <p>MB</p>
<p>5.</p>	<p>Work stream updates Two updates were received with the papers: i) Research sub-group 3: Living with and beyond cancer; ii) Creating a skilled community of practice (the Professionals).</p> <p>BC gave a verbal update on the Toolkit work stream focusing on delivery of a manuscript for publication emerging from the Clinicians' survey, and a cataloguing exercise around the domains and tools to develop for the Toolkit of nutritional assessment. A document is being drafted setting out guiding principles, this will be shared with other work streams for consultation by the end of July.</p> <p>JM formally thanked Ramsey Cutress for his leadership to the Professionals work stream to date, and thanked the group for endorsing her as the new leader, with FM as deputy.</p> <p>It was confirmed that work stream leads will start to meet regularly following the Steering Committee meetings, to ensure alignment of activities. It will be an informal opportunity to share information and plan joint activities.</p> <p>Action: By the September Steering Committee meeting, each research sub-group should present a clearly articulated research agenda that can be discussed at the workshop scheduled for the same day in the afternoon.</p>	<p>KB/ER/ SA</p>
<p>8.</p>	<p>Priorities and next steps:</p> <ul style="list-style-type: none"> ● Finishing and publishing the Collaboration's Phase II report ● Preparation and communications prior to BRC Directors meeting ● Instigating a process to find a new Chair ● Aim for specific projects to be funded by end of this financial year, in time for the second year of the new BRC contracts 	

	<p>AOB BC reported that he had worked with Karen Brown, Mark Hull and Janet Cade to recently submit an application to Yorkshire Cancer Research, this was a direct result of Collaboration activity.</p> <p>At the Nutrition Society Conference in December 2017 titled '<i>Diet, nutrition and the changing face of cancer survivorship</i>', there will be a satellite breakfast meeting about the Collaboration. BC to circulate more information when available.</p>
9.	<p>Date and host of next meeting:</p> <p>The next meetings will be held on <u>Wednesday 13th September at Imperial, and Wednesday 13th December at NOCRI.</u></p>