



|                       |  |                       |
|-----------------------|--|-----------------------|
| <b>Meeting title:</b> | Cancer and Nutrition NIHR infrastructure collaboration Steering Committee  |                       |
| <b>Date:</b>          | 15th March 2018  | <b>Time:</b> 11am-1pm |
| <b>Location:</b>      | Royal Marsden Hospital Education Centre, London  |                       |
| <b>Present:</b>       | Steve Wootton (SAW) - Deputy Chair<br>Sam Ahmedzai (SA), Alan Jackson (AAJ), Kate Allen (KA), Lucy Allen (LA), Millie Barrett (MB) , Fiona Davey (FD), Abby Woodfin (AW), Fehmidah Munir (FM), Lesley Turner (LT), Karen Brown (KB), Anbalakan Paramavisam (AP), Judit Varkonyi-Sepp (JVS), Giulia Mangiameli (GM), Martin Wiseman (MJW) |                       |
| <b>Apologies:</b>     | Bernard Corfe (BC), Helen Campbell (HC), Richard Martin (RM), Ramsey Cutress (RIC), Elio Riboli (ER), Amanda Cross (AC), Clare Shaw (CS), Jane Murphy (JM), Karen Phekoo (KP)  |                       |

| 1. | <b>Welcome and apologies</b><br>SAW opened the meeting, welcoming new members Sam Ahmedzai, representing the NCRI, Abby Woodfin and Anbarakan Paramavisam from CRUK, and also Lucy Allen who has returned from maternity leave and re-joins the committee on behalf of NOCRI. Apologies were noted (see above). Thanks were given to people who have left the group including Jenny Cameron from NOCRI who has moved on to a new position at UCL, and Lucy Davies at CRUK.  | <b>Action</b> |
|----|---|---------------|
| 2. | <p><b>Previous minutes</b></p> <p>The minutes of the last meeting were approved as an accurate record, with one minor change to be made before uploading onto the website.</p> <p><b>Matters arising from last meeting:</b></p> <p><b>ESPEN Guidance:</b><br/>         A response to the ESPEN guidance has been received by the BDA Oncology Group and will be circulated to the Steering Committee members. The response summarises that while the guidelines are both important and welcome, the lack of evidence to support the basic and life sustaining intervention of nutrition is of great concern. In addition, the BDA Oncology Group recognises that many key questions that patients ask are not answered by the guidance, nor is there sufficient research evidence to provide such answers.</p> <p>BC to follow up with the Nutrition Society for a position statement.</p> <p><b>Action:</b><br/>         Ensure the ESPEN clinical guidance and recommendations for research are available via the website.</p> <p><b>NCRI CSG engagement:</b><br/>         SA reported that there is increasing levels of interest within the <a href="#">CSGs</a> about studies considering nutritional aspects of cancer. For example, the haematology group is interested in metabolic syndrome and how this links with certain cancers. The collaboration is keen to work with NCRI and with individual CSGs to embed nutrition into the cancer research agenda. Many members of our PPI work stream are also members of CSGs, and are pushing this agenda from within. In addition, LT will be presenting about the collaboration at SA's Supportive and Palliative Care CSG</p> | MB            |

|  |                                  |
|--|----------------------------------|
| <p>Annual Trials Meeting on 25th September.</p> <p>Now is a good time to put in a submission for next year's NCRI Conference, taking place annually in Liverpool in November. The conference tends to have a focus on basic science, but with increased interest in the role of nutrition, there is scope to run a session on this topic. The collaboration can offer expertise to NCRI in relation to the nutritional influences on cancer across the lifecourse.</p> <p><b>Action:</b> Secretariat to take forward the possibility of running a session focused on nutrition at next year's NCRI Conference.</p> <p><b>Engagement with BRCs and other NIHR infrastructure:</b><br/> Communications with BRCs are ongoing, and are being led by SAW and MJW. The collaboration is asking for £10K from each BRC with a cancer or nutrition theme in order to support the running of the collaboration. We have received positive expressions of support from Bristol, Leicester, the Marsden, Imperial and UCL, further discussions are ongoing in order to secure financial support. Without a commitment of financial support, the collaboration will not be able to continue to offer a central Secretariat supporting the activities of the work streams, or the Steering Committee.</p> <p><b>Chair of the Collaboration:</b><br/> SAW reported that following AAJ's decision to step down as Chair of the Collaboration nominations were sought from members of the Steering Committee, and we also consulted with potential funders as to who would be best placed to fulfil the role. It was felt that the Steering Committee was under-represented by the cancer clinical academic community and someone with this background would be a strong Chair going forwards. SAW reported that he has approached <a href="#">Professor Diana Eccles</a> Professor of Cancer Genetics, and Head of Cancer Sciences Academic Unit at the University of Southampton and she has agreed to put her name forward.</p> <p>Professor Eccles ran the POSH study (Prospective study of Outcomes in Sporadic versus Hereditary breast cancer). This study has recruited over 3000 women with breast cancer diagnosed before 41 years of age and provides material for studies investigating the role of inherited genetic mutation in breast cancer risk and prognosis.</p> <p>It was agreed that Professor Eccles would be an excellent choice, and that she would be contacted to seek confirmation of the appointment for two years. AAJ has agreed to continue to support the collaboration and will remain a member of both the Steering Committee and the Secretariat.</p> <p>SA offered to help Professor Eccles as well, as he has many formal links with NIHR through his role as the NIHR CRN (Cancer) National Specialty Lead for Supportive and Community-based Research.</p> <p>LT reported that she has worked closely with Professor Eccles on the PANACHE (Physical Activity and Nutrition during Adjuvant Chemotherapy) bid to NIHR's PgFAR funding stream. They have just found out that they have successfully got through Stage One of the process. PANACHE is a good example of the value of collaboration and the opportunities offered for bringing people together to deliver large-scale trials in diet and lifestyle.</p> <p><b>Action:</b><br/> Professor Eccles will be formally invited to confirm the appointment as Chair for two years, starting on 1st October 2017. Information about Professor Eccles will be circulated to members of this committee once formal agreement has been received.</p> | <p>MJW</p> <p>SAW<br/>and MB</p> |
|--|----------------------------------|

|  |   |                               |
|--|---|-------------------------------|
|  | <p><b>Work stream updates:</b></p> <p><b>PPI:</b><br/> LT provided a brief update of her work stream. Some members are feeling stretched because they are asked to comment on a number of different research proposals if they are also part of research sub-groups. However, with CSGs also taking time to look at many different trials, it was felt that perhaps we could link up better with CSGs and the Consumer Forum. AW confirmed that CRUK does send applications for funding to CSGs for their comments and input.</p> <p><b>Professionals:</b><br/> FM reported on behalf of JM in her absence. A project meeting with charities is taking place on 21st September in order to progress the conversation around working together to produce a body of evidence-informed advice for patients and clinicians. This is the third meeting with charities and we are now seeking commitment from charities as to what they can bring to the table in terms of resource, expertise etc. An abstract has been submitted to the Nutrition Society Winter Conference around the results of the clinicians survey. Thanks go to JM for leading the writing of this abstract.</p> <p><b>Action:</b><br/> Circulate the Nutrition Society Conference abstract to everyone.</p> <p><b>Research:</b><br/> SA's sub group (Living with and beyond cancer) has held around 4-5 teleconferences and one face to face meeting in June at the NCR building in North London. The group currently has around 15 members and everyone is actively involved in at least one research proposal.<br/> KB reported that three members of her sub-group (Experimental research - from discovery to first in man) will be presenting ideas later today at the research workshop. They are interested in following up the idea of a biobank Toolkit, and also a capability mapping exercise which has been done before but needs revisiting to improve usability.<br/> KB is part of a new 'Tiger Team' in Leicester that has been set up to network around the early detection of cancer in people with diabetes. Melanie Davies, the BRC Director, and Tom Yates (senior lecturer in physical activity, sedentary behaviour and health) are also part of this group and they plan to hold sandpit-type events in order to generate grant applications.<br/> A team led by Barts hospital is working towards a <a href="#">CRUK Accelerator Award</a> focusing on detecting biomarkers of cancer and metabolic syndrome. This team involves some individuals from the collaboration.</p> <p>It was reiterated that research sub-groups must cross-talk and not work in isolation. The workshop this afternoon is a good first step to encourage this. The challenge for ECMCs is bridging the translational gap, taking research from the pre-clinical to the clinical arena. This is where BRCs can come in, as they are focused on early stage translational research. The collaboration could help to keep bridging the gap between ECMCs and BRCs.</p> <p><b>Action:</b><br/> KB to keep MB informed about the Accelerator Award application, and how the collaboration has assisted in its development.</p> <p><b>Action:</b><br/> MB to keep a catalogue of achievements, however small, for the collaboration. It is noted that applications to funders are also important milestones, and should be recorded.</p> | <p>FD</p> <p>KB</p> <p>MB</p> |
|--|---|-------------------------------|

|   |   |
|---|---|
| <p><b>Toolkit:</b><br/>In BC's absence, SAW gave a brief report on activity. Firstly, the vital role played by FD in running the Clinicians survey was noted, with around 630 responses in total this was a significant achievement. The next focus for the work stream is generating a guiding principles document for development of the Toolkit to assess nutritional status in cancer patients. A draft of this will be presented to the next SC meeting in December.</p> <p>In addition, publication of the results of the clinicians survey is a priority now and will be led within the work stream. The major point to note is a lack of standardisation in practice and concurrently a lack of quality assurance.</p> <p><b>Action:</b><br/>Toolkit guiding principles draft document to be presented at the next Steering Committee meeting.</p> <p><b>Action:</b><br/>Results of the clinicians survey to be presented to the next Steering Committee, including results from GPs.</p> <p><b>Commercial sector:</b><br/>AAJ reported back on the OSCHR review process and the fact that the population represented by industry is very large and diverse. The challenge now is to use the report to engage more effectively with industry and secure agreement from NIHR and the MRC that they are taking the recommendations forward. The MRC have presumed some responsibility to take forward the findings of the review. It was noted that there is a comment in the OSCHR report about the need to build a framework for taking the research agenda forward with industry, and that this would be extremely helpful to have. LA agreed that this was something NOCRI could potentially facilitate, as it also encompasses how charities might engage with industry in health research.</p> <p><b>Action:</b><br/>Recirculate the collaboration's background document on engaging with industry that was shared with the Steering Committee in March this year, and the OSCHR report.</p> <p><b>Action:</b><br/>NOCRI to consider the best way forward to build a framework for engaging with industry in nutrition-related research and consider hosting a meeting with the key players.</p> <p>The Steering Committee was reminded to take note that the categories of recommendations in the OSCHR report align with the collaboration's work streams. Therefore the collaboration is already acting on the findings of the review process in the cancer arena. This can be considered as an exemplar for other activities, and should be highlighted to NIHR. Furthermore, patients are at the centre of NIHR's remit, and we also strive to replicate this in our own activities.</p> <p>One way of promoting the collaboration's activities is for members to give presentations at external events and conferences. This is an important part of the collaboration's communications strategy that now needs updating. A sample slide set is already available via the website, and is in the process of being updated to include all the Phase II activities.</p> <p><b>Action:</b><br/>Sample slide set to be updated and shared with everyone.<br/>A set of FAQs for media enquiries to be written.</p> <p><b>Action:</b><br/>All Steering Committee members to take opportunities to speak about the</p> | <p>BC and SAW</p> <p>BC and SAW</p> <p>MB</p> <p>LA</p> <p>MB and FD</p> <p>All</p> |
|---|---|

|                  |  |           |
|------------------|--|-----------|
|                  | <p>collaboration at external events, and let us know when you do so it can be logged as a communications activity. MB and FD can provide further support if needed.</p>  |           |
| <p><b>3.</b></p> | <p><b>Phase II Report</b></p> <p>MB reported that the printed copies were delivered this week and circulated one to everyone. The Secretariat is pleased with the end result in terms of quality of the printing and the report itself. It demonstrates well the breadth and diversity of collaboration activity, and offers opportunities for BRCs and others to join in shaping the research agenda in the future.</p> <p>We are working with NOCRI, CRUK and WCRF to raise awareness of the report. It has been promoted via LinkedIn and a blog has been written for WCRF.</p> <p><b>Action:</b><br/>Report to be sent to other key contacts including BRC Directors and NCRI CSG Chairs with a “call to action” covering letter.</p>  | <p>MB</p> |
| <p><b>4.</b></p> | <p><b>Phase III plans</b></p> <p><b>Finance:</b><br/>Plans for Phase III depend on our ability to secure funding. Hitherto the costs of the Secretariat have been met by the Southampton BRC, this arrangement comes to an end on 30th September. Therefore we have been approaching other BRCs to show their commitment, in order to support Southampton’s continued involvement. Transitional arrangements have been made to enable the Secretariat to function whilst further funds are secured.</p> <p>Indications and letters of support have been received from key BRCs working in this area: Bristol, Leicester, Royal Marsden, UCL/H, Southampton, Oxford, Manchester, Imperial and Cambridge. Further conversations are ongoing with each of these centres.</p> <p>It was noted that for NIHR to consider the collaboration as an NIHR activity, we need formal support from the BRCs working in the areas of cancer and nutrition. However, because all BRCs received less funding in this round than they requested, and all funds are already allocated, this is very hard to achieve in the short term.</p> <p>In the future it will be worth considering whether research applications should include a Project Management line, in order to support the Secretariat function of the collaboration.</p> <p>SAW summarised that there are three options to pursue now:</p> <ul style="list-style-type: none"> <li>● all members of the Steering Committee to work on securing funds through their own organisations and reflect on any other avenues for income generation</li> <li>● JVS to work with the Secretariat and share information about the Strategic Plan for Finance from Southampton BRC, possibly setting up a Task and Finish group to develop a robust funding strategy</li> <li>● work with NOCRI to consider other financial models such as those applicable to TRPs</li> </ul> <p>WCRF was formally thanked for its continued support of Martin Wiseman as consultant to the collaboration and Chair to the Secretariat. WCRF have confirmed they will continue to support this role until March 2018.</p> |           |

|           |   |   |
|-----------|---|---|
|           | <p><b>Action:</b><br/>All Steering Committee members agreed to go back to their institution or organisation to enquire about the best way to secure support for the collaboration.</p> <p><b>Action:</b><br/>SAW and AAJ to discuss further with Elio Riboli how Imperial might wish to engage with the collaboration in the future.</p> <p><b>Research strategy and action plan:</b><br/>The workshop this afternoon will focus on how to develop this so that the collaboration has a comprehensive research strategy with defined goals in the short and medium term.</p> <p><b>Action:</b><br/>Each research sub-group leader to present their research priorities and report on progress at the next Steering Committee in December.</p> | <p>All</p> <p>SAW/<br/>AAJ</p> <p>KB, ER<br/>and SA</p> |
| <p>8.</p> | <p><b>Priorities and next steps:</b></p> <ul style="list-style-type: none"> <li>● Securing funding for the Secretariat up to and beyond March 2018</li> <li>● Consolidating efforts into a research strategy and action plan</li> <li>● Developing the Toolkit to characterise nutritional status</li> <li>● Publishing results of the Clinicians' survey</li> </ul>  |   |
| <p>9.</p> | <p><b>Date and host of next meeting:</b></p> <p>The next meeting will be held on <u>Wednesday 13<sup>th</sup> December at NOCRI.</u><br/>Dates for meetings in 2018 will be set up in accordance with the availability of Professor Eccles.</p>   |   |