



<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 Diana Eccles (DE) - Chair from item 2. Kate Allen (KA), Jessica Brand (JB), Fiona Davey (FD), Karen Brown (KB), Alan Jackson (AAJ), Feng Li (FL), Richard Martin (RM), Jane Murphy (JM), Anbalakan Paramavisam (AP), Clare Shaw (CS), Judit Varkonyi-Sepp (JVS), Martin Wiseman (MJW)		
<b>Apologies:</b>	Lucy Allen (LA), Sam Ahmedzai (SA), Annie Anderson (AA), Bernard Corfe (BC), Helen Campbell (HC), Fehmidah Munir (FM), Karen Phekoo (KP), Lesley Turner (LT),		

1.	<b>Welcome and apologies</b>	<b>Action</b>
	<p>SAW opened the meeting, welcoming Professor Diana Eccles to her first meeting as Chair. We formally thanked the Royal Marsden Hospital BRC for hosting and supporting the meeting.</p> <p>Apologies (see above) were accepted and we welcomed two observers to the meeting, Feng Li, representing NCRI, and Jessica Brand, representing CRUK.</p> <p>Thanks were given to Professor Elio Riboli and Professor Karen Brown who have stepped down from the Steering Committee and their roles as Chairs of their respective Research work stream sub-committees; both will continue to support the collaboration.</p> <p>Millie Barrett left her post as Project Manager at the beginning of February and the committee wished to formally note and thank her for her considerable contribution to the development of the collaboration.</p> <p>The present meeting was the last meeting with Professor Martin Wiseman in his capacity as Chair of the Secretariat, the committee thanked MJW for his work. <i>Post-meeting note: we are grateful to WCRF UK who have now agreed to continue to support to permit MJW to continue in his role as Chair of the Secretariat for a further 6 months.</i></p>	

<p><b>2. Minutes and matters arising</b></p>	<p><b>DE took over as Chair of the meeting.</b></p> <p><b>Previous minutes</b></p> <p>The minutes of the last meeting were approved as an accurate record.  <b>Action:</b> Upload minutes to website</p> <p><b>Matters arising</b></p> <p><b>NCRI Conference</b>  Confirmation was received from the NCRI that they are not in a position to permit the collaboration to have a session at no cost for the 2018 NCRI Conference. Sponsored sessions are still available but at substantial cost. There will be a theme in the scientific programme entitled "Dietary intervention to reduce cancer risk and nutritional science in cancer prevention" and FL fed back that there is a 'living with and beyond cancer' session. The collaboration will encourage members to submit abstracts to raise the profile and will suggest speakers for the LWBC session as requested.</p> <p><b>Presentation pack</b>  Steering Committee members should take all opportunities to spread awareness of the Cancer and Nutrition NIHR infrastructure collaboration and report to the Secretariat when they have given presentations.  <b>Action:</b> Recirculate full powerpoint presentation and have one concise slide to add into presentations.</p> <p><b>CRUK Accelerator Award</b>  Feedback was provided on behalf of Professor Karen Brown on progress with a project funded by a CRUK Accelerator Award. Written feedback is attached in the appendix.</p>	<p>FD</p> <p>FD</p>
<p><b>3. NCRI James Lind Alliance Priority Setting Partnership</b></p>	<p>The NCRI conducted a scoping exercise with stakeholder of the cancer research landscape with stakeholders in 2015 and noted that research priorities were not clearly identified. Last year, the NCRI conducted a Priority Setting Partnership with the James Lind Alliance to identify and prioritise uncertainties about the effects of treatments for patients living with and beyond cancer that could be answered by research. The first survey phase invited respondents to submit uncertainties which are then synthesised into generalizable questions. This revealed 54 generic uncertainties, 4 of which specifically relate to nutrition. The second survey has just opened which asks respondents to choose their top 10 questions from an interim list of 54. This information will be used to generate strategic proposals with the top priorities for research which</p>	

	<p>the NCRI will work with funders to implement.</p> <p>The Steering Committee thanked Feng Li for sharing the current results of the PSP and offered to provide expertise in framing any nutrition-related priorities that might emerge. It was agreed that the collaboration should do whatever is possible to ensure that it is ready to respond to the funding calls.</p> <p><b>Action:</b> Continue contact with NCRI to gain a perspective on emerging priorities.</p>	SAW/SA
<p><b>4. Phase III Plans</b></p>	<p>The briefing paper on developing a ‘Memorandum of Understanding’ (MOU) was discussed with a view to how the collaboration might develop through Phase III. As a NIHR infrastructure collaboration there is a need to clarify the nature of the relationship with the infrastructure across NIHR. NOCRI are now reviewing the process through which BRCs might operate formally within a new Translational Research Collaboration (to replace the current Translational Research Partnerships) which needs to be self-sustaining with no central financial support. This new approach requires that each of the collaborating BRCs will make a financial contribution to collaborations relevant to their awards themes. As the Cancer and Nutrition infrastructure collaboration is also required to determine how best to formally align their activities with the BRCs there is a need to consider how this approach might be incorporated into the new MoU that is being prepared for working with and seeking support from the BRCs.</p> <p>The Steering Committee reviewed the objectives of the collaboration set out in the MOU. The following amendments were suggested:</p> <ul style="list-style-type: none"> <li>• Revise the order</li> <li>• ‘To promote access by creating an inventory’. The current biobanking processes do not have a nutrition-facing dimension. It is the ambition to add a nutrition opportunity to existing materials.</li> <li>• Ensure reference to ‘UK’ not ‘England’ is kept as this encompasses those outside of NIHR institutions.</li> <li>• The commercial sector objective should be considered again when UK Research and Innovation is in operation (April 2018).</li> </ul> <p>The Steering Committee agreed that we should proceed with the NOCRI model as outlined in the MOU.</p>	

	<p><b>Action:</b> Revise objectives  <b>Action:</b> Steering Committee to agree revised objectives</p> <p>It was agreed that the structure of the collaboration should be reviewed in relation to the role of the NCRI Clinical Studies Groups – is the collaboration trying to offer the same thing with the intention of becoming a CSG or cross-cutting group? A number of applicants have asked for peer review and letters of support from the collaboration and a process is needed for this, which defines who reviews, who can present to the group and whether any costs are associated with this.</p> <p>The collaboration could consider offering the following:</p> <ol style="list-style-type: none"> <li>1) A letter of endorsement for funding application. This requires a peer review process and would need to meet a set criteria to receive support</li> <li>2) Advice regarding study design – oncology researchers are typically comfortable with the methodology for the cancer elements of studies but could benefit from assistance with nutritional methodologies</li> <li>3) Providing ongoing support for a successfully funded study (either at level of co-investigators or the collaboration’s project management)</li> </ol> <p><b>Action:</b> Circulate NCRI CSG remit to compare with collaboration  <b>Action:</b> Conversation with SA as NCRI representative</p> <p><b>Steering Committee membership</b>  There is a need to review the membership of the Steering Committee as we transition through Phase III. The MOU has captured the responsibilities of the members, which has been modelled on the NOCRI TRC agreement. All stakeholders should be represented, but may require some form of representational process as individual stakeholders could not all sit on the Steering Committee (likely maximum of 20).</p> <p><b>Action:</b> Review responsibilities of SC members</p> <p><b>Membership</b>  The collaboration does not yet have formal membership on either an organisational or individual level. There is a need for clarity on the nature and purpose of relationships with our stakeholders and members along with what enables an individual or organisation to qualify as a</p>	<p>SAW</p> <p>FL DE/SAW</p> <p>DE/SAW</p>
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	<p>member.</p> <p><b>Action:</b> Map out ways in which people/organisations can be engaged to enable next steps</p>	FD
<b>5. Paediatric Oncology</b>	<p>AAJ and MJW have been directly involved with international activities. WCRF Int, IARC, IAEA and UICC have come together to form a collaboration which is in the process of being recognised as a formal taskforce under IUNS with AAJ as Chair. The vision of the proposed International Cancer and Nutrition collaboration closely aligns with the vision of the collaboration. Paediatric oncology has been identified as an area of specific interest across the international community and Professor Mike Stevens from Bristol University has prepared a commentary on the need for research in this area. AAJ recommended that the Steering Committee might consider how they might wish to develop a paediatric oncology research activity and invite Prof Stevens to lead a discussion at a future Steering Committee meeting.</p> <p>The Steering Committee welcomed the development of this international collaboration and indicated their support. They also indicated their support to consider how paediatric oncology might be added to the research portfolio.</p> <p><b>Action:</b> Circulate comment on paediatric oncology from paediatrician  <b>Action:</b> Invite Professor Mike Stevens to next Steering Committee</p>	<p>AAJ / FD</p> <p>DE / FD</p>
<b>6. Finance</b>	<p>Identifying a sustainable means to assure funding continues to remain a priority for the collaboration. The pay costs for the first 6 months of the 2017-18 financial year were supported by the Southampton BRC with additional support from SAW and AAJ covering pay costs and limited non-pay costs for the second half of the year.</p> <p>Until now, the collaboration has not been formally constituted to receive external funds, not least from the Infrastructure Awards to the BRCs. The collaboration now operates as an independent cost centre within University Hospital Southampton R&amp;D with the pay costs until Sept 18 underwritten by funds from AAJ. This means that the collaboration is now in a position to receive funds from external sources. Once agreed, the new MoU will be circulated to the BRCs inviting them to support the collaboration.</p>	

	<p>The collaboration is delighted to announce that Macmillan Cancer Support have agreed to provide support for the collaboration. The collaboration would not have been able to continue without this support and the collaboration is grateful to June Davis of Macmillan for her assistance in securing this support.</p> <p><b>Action:</b> Once funds have been transferred, write and publish press release of Macmillan gift news</p> <p>The collaboration formally acknowledges and thanks WCRF Int for its support for MJW's post as Chair of the Secretariat.</p> <p>The collaboration requests Steering Committee members to make every effort to assist in finding sustainable funding.</p> <p><b>Action:</b> All SC members to source funding and support any funding applications.</p>	<p>FD</p> <p>All</p>
<p><b>7. Clinicians' Survey</b></p>	<p>The Clinicians' Survey started in Summer 2016 to map the nutritional practice of health care professionals working in oncology. JM successfully presented an abstract encompassing all of the data (including Phase II of the survey, aimed at GPs) at the Nutrition Society conference in December 2017. Preparation of the full manuscript has taken longer than expected with the need to consider contributions and authorship from both the Toolkit and Professionals workstreams and a draft of the work was presented to the Steering Committee for their consideration.</p> <p>The Steering Committee welcomed the document and thanked those who had worked on it. However, the lack of progress in advancing the manuscript beyond that initially presented 12 months ago was noted and that considerable redrafting was required. There was collective agreement that the analysis should include the GP data, be better focussed with less figures and a stronger narrative in line with the Nutrition Society abstract. Two separate manuscripts may be better - one focussing on the workforce message and the second focussing on the issues of characterising nutritional status (the toolkit).</p> <p>It was agreed that the responsibility of writing the workforce aspect should be passed back to the Professionals work stream and to ask JM and FM to lead on writing the manuscript concerning professional practice. The Toolkit work stream should focus their manuscript on issues relating to assessing nutritional status in routine clinical practice and in research.</p> <p><b>Action:</b> the final version of the Nutrition Society</p>	<p>SAW/JM/FM/FD</p>

	<p>abstract should be circulated. SAW to communicate with BC on outcome of the Steering Committee discussions and lead the revision of the manuscripts with JM/FD for the professional practice and BC on the toolkit aspects.</p>	
<p><b>8.</b></p>	<p><b>Priorities and next steps:</b></p> <p>The Steering Committee agreed that the immediate priority is to secure funding for Phase III from charitable and NIHR sources. There is a need to develop the MoU as a financial instrument through which funds from other parts of the NIHR infrastructure might be moved to a central account to enable the activities of the collaboration to continue.</p> <p>In addition, the Steering Committee agreed that there was a need to review the objectives of the collaboration and determine how these align with that of the NCRI CSGs.</p>	
<p><b>9.</b></p>	<p><b>Date and host of next meeting:</b>          Tuesday 5<sup>th</sup> June – location tbc          Tuesday 4<sup>th</sup> September – Cancer Research UK          Tuesday 11<sup>th</sup> December – location tbc</p>	