The ROYAL MARSDEN

Drug & Therapeutic Committee meeting Minutes

Wednesday 22nd of June 2022.

Present:	[redacted]	Consultant Haemato-oncology (deputy chair)
		Drug Resource Manager (secretary)
		Consultant Anaesthetist
		Finance Manager - Operational Services
		Consultant Microbiology
		Consultant Paediatrics
		Specialty Registrar Clinical Oncology
		Specialty Doctor Breast
		Chief Pharmacist
		Consultant Medical Oncology (AOS & GI)
		Lead Vascular Access Nurse
In attendance:	[redacted]	

1. Apologies: [redacted]

2. Minutes 18th of May meeting.

Approved.

3. Conflict of Interest

BMS - [redacted]
Takeda – [redacted]

4. Matter arising

- Covid19 update: NHSE Rapid Clinical Commissioning Policy statement shared with the committee, 3 interventions have been withdrawn:
  - Eltrombopag as bridging therapy to haematopoietic stem cell transplant in severe or very severe aplastic anaemia during the COVID-19 pandemic in adults.
  - Thrombopoietin receptor agonists as first line therapy for new or relapsed immune thrombocytopenia in adults and children over the age of 1 year
  - Tocilizumab for giant cell arteritis (GCA) during the COVID-19 pandemic

  Clinical leads have been made aware.

- Brexit update – no further update since last meeting. Meetings remain in place every 2 months.

- Hepatitis B prophylaxis for routine chemotherapy and immunotherapy – further follow up required at next meeting.

- Supply issues:
  - Remifentanil, alfentanil being used as an alternative – clinical leads aware.

- Contrast media, supply issues with Omnipaque, contingency in place to use Lomeron/Niopam if required (see agenda item 18.)
- Alteplase & Urokinase for CVAD occlusion supply issue – contingency planning being finalised.

➢ Alteplase/Urokinase supply issue. [redacted] requested to use Taurolock-U25000 at the trust for management of occlusions of CVAD as there is currently a supply issue with Urokinase (syner-kinase®) 10,000 IU, 25,000 IU and Alteplase 2mg (Actilyse Cathflo®) and this is anticipated to be long term. TauroLock-U25.000 is a catheter lock solution (approved to use with all CVADs) and can be an alternative to the above. TauroLock- U25.000 is based on three active ingredients:

- Taurolidine (antimicrobial)
- 4% Citrate (anticoagulant)
- 25,000 IU Urokinase (thrombolytic)

Proposed that as the Urokinase (25,000IU) component comes separately for mix with the taurolidine and citrate at time of administration, we could just use the urokinase vial and adjust the dose. The taurolidine and the citrate function are more preventative than thrombolytic. Potential use off license as TauroLock licensed to maintain patency not to unblock per se. Other centres are utilising this as contingency for the supply issue and clear guidance will be produced for nursing staff. ***Approved.***

5. Trust Medicines Homecare Group – update. Presented by [redacted]

No major updates since the last meeting. Phesgo® delivery via homecare still being reviewed from a finance perspective. Further discussion to take place with RM Partners to see if the homecare initiative can be looked at over a wider footprint.

6. Finance update. Presented by [redacted]

[redacted]

7. Drug Safety update. Presented by [redacted]

Summary of updates:

1. Amiodarone - patients should be reviewed/monitored 6 monthly for patients on long term treatment regularly in view of SE's (eyes, heart, lung, liver, peripheral nervous system). Patients need to be counselled from initiation especially in relation to pulmonary toxicity and symptoms.
2. Pregabalin – safety study on risk during pregnancy showed 1st trimester slight increased risk of major congenital malformations. Recommended not to be sued in pregnancy if can be avoided and need to use effective contraception during treatment. SpC updated as a result of the findings.
3. Metformin and incidence of reduced vitamin B12 levels is a common side effect of metformin particularly in higher doses or long-term treatment (or with associated risk factors). Vitamin B12 levels should be monitored as a precautionary measure.
4. Denosumab, not for use in patients under the age of 18 due to risk of severe and life-threatening hypercalcaemia shown in CT. To note. Not used at RMH in this age group.

8. DHR introduction project – update. Presented by [redacted]

DHR is becoming a large and larger function of everybody's daily roles. Project remains on target to go live middle of March 2022, everybody is now aware the enormity of the project. In terms of chemotherapy and chemotherapy protocol build, work is progressing. The development team are now rapidly working their way through protocol build for standard care treatments and making good headway in terms of protocol validation, which was previously a concern. Validation will move into Haematology and then Lymphoma in the next couple of weeks, which will be another challenging area given the vast number of protocols and the complexity. Next discussions and big piece of work is around clinical trials and starting to have conversations with [redacted] and the team around about how many clinical trial thresholds to build as you can waste a lot of a lot of effort building trial protocols that are going to complete before go live. Overall good progress now being made with the project.

9. Antimicrobial Steering Committee update. [redacted]

No update since last meeting.

10. Quality Assurance in SACT Committee update.

No update since last meeting.

11. "One off" drug request. [redacted]

1. Ponatinib (via CUP) in maintenance post stem cell transplant
2. Everolimus (via CUP) in diffuse midline glioma of brainstem
3. Trastuzumab & pertuzumab (IV) (via CUP) in metastatic HER2+ve peri ampullary adenocarcinoma
4. Eculizumab (via CUP) post-transplant thrombotic thrombocytopenic purpura
5. Eflornine (via CUP) recurrent anaplastic astrocytoma (trial extension)
6. Entectinib (via CUP) in relapsed metastatic high-grade glioma with ROS1 fusion
7. Ipilimumab & nivolumab (via CUP) in metastatic epithelioid sarcoma
8. Ipilimumab & nivolumab (via CUP) for pleural mesothelioma
9. Nivolumab in metastatic recurrent angiosarcoma (in PP)
10. Leanlidomide (via CUP) in DLBCL in non-germinal immunophenotype stage III primary chemo-refractory, progressed after CAR-T

All requests approved.

12. NICE guidance - TA update – [redacted]

TA788 - Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy (+ve).
TA789 - Tepotinib for treating advanced non-small-cell lung cancer with MET gene alterations (+ve)

Relevant clinical leads made aware.

13. Mobocertinib in PP/via Orbis in Lung. Presented by [redacted]

Proposed for use in advanced or metastatic non-small cell lung cancer (NSCLC) with an epidermal growth factor receptor (EGFR) exon 20 insertion, whose disease has progressed on or after platinum-based chemotherapy. EGFR exon 20 insertions represents approximately 6% of all EGFR mutated non-small cell lung cancer (NSCLC). These alterations are associated with primary resistance to approved first and second-generation EGFR tyrosine kinase inhibitors (TKIs). Mobocertinib is an irreversible small-molecule EGFR TKI designed to selectively target EGFR and HER2 (ERBB2) exon 20 insertion mutants. Mobocertinib has recently gained a UK license for the treatment of NSCLC with EGFR exon 20 insertions, whose disease has progressed on or after platinum-based chemotherapy.

Action:

Approved for use as per licensed indication for Private Patients and in the NHS setting via project Orbis.

14. Nivolumab & Ipilimumab (via CUP) in lung. Presented by [redacted]

Proposed for use in untreated unresectable malignant pleural mesothelioma as 1st line treatment. These patients have a poor prognosis when treated with chemotherapy, the combination is now a licensed indication in first line advanced pleural mesothelioma, the NICE appraisal is in progress. The Checkmate 743 study a randomized phase III study of 605 patients demonstrated improved OS compared with standard chemotherapy in patients with mesothelioma. Overall, the overall median duration of response was 11 months on the combination immunotherapy arm vs 6.7 months on the chemotherapy arm. In the immunotherapy arm overall survival at two years was 18.1 months vs 14.1 months. 2 year overall survival was 41% for the immunotherapy arm and 27% for the chemotherapy arm. The safety profile was similar for both arms.

Action:

Approved, in line with the compassionate supply program inclusion criteria.

15. Capsaicin for neuropathic pain. Presented by [redacted]

Proposed for use as 2nd line treatment for localized neuropathic pain (CIPN, post-herpetic neuralgia, scar pain). Trials have shown observational year long treatment with 8% capsaicin patch, approx' 25% of patients reported improvement in sensory function. Serious TEAEs were reported by 22.9% of patients (majority application site pain and erythema) and 2 point reduction in pain NRS observed from baseline (clinically significant). Currently patients attend CWH for the service, however the plan is to develop a service at RMH.

[redacted] fed back from [redacted] (SWL CCG lead), [redacted] and confirmed that patients would only be prescribed drug at RMH and that this would not be passed onto primary care at any point.

Action:

Approved clinically. Funding pathway is required to be reviewed and finalised prior to implementation at the trust.

16. CAPOX in ovarian ca. Presented by [redacted]

Proposed for use in mucinous ovarian cancer, 2nd or subsequent line chemotherapy (relapsed setting). Mucinous ovarian cancer behaves differently to other forms of epithelial ovarian cancer. It's natural history, chemo-sensitivity and prognosis is different to high grade serous. Prognosis in the relapsed setting is worse than high grade serous due to relative platinum resistance. Mucinous ovarian cancer has biological and molecular similarities to mucinous colorectal cancer and therefore treatment regimens usually used in CRC have been employed for mucinous ovarian.

As this is a rare subtype of ovarian cancer clinical trial evidence is limited. A phase 3 study of women with mucinous ovarian cancer showed overall RR of 27% to the combination of capecitabine and oxaliplatin1. There is additional phase 2 trial data showing an overall response rate of 42% for single agent 5FU in women with mucinous ovarian cancer who had already been treated with platinum agents.

Previous one-off applications for this indication have been approved so a full DTC application is being submitted as per chair request.

Action:

Approved.

17. PSD: Furosemide in MRI. Presented by [redacted]

Furosemide added to protocol as gadolinium is concentrated as it is excreted, it causes a local artifact within the within the renal pelvis, which is essentially because there's too much magnetic material in the same place that causes an artifact where we need to look. Use of furosemide acts to increase urine output diluting the extra to gadolinium so that you don't have artifact within the ureter or within the renal pelvis and it has the added benefit of distending the urinary tract and the ureter, which makes it easier to see. Request made to have furosemide added to the stocklist of the MRI unit at the MRI unit in Chelsea to assist the PSD.

Action:

Approved.

18. PGD: Lomeron and Niopam in RT/Radiology. Presented by [redacted]

PGDs developed in view of current supply chain issues with Omnipaque, caused by the short-term plant closure in China because of COVID19. As contingency Radiology and Radiotherapy have agreed to use Niopam and Lomeron as alternatives in the short term.

Action:

Approved.

19. Medical Gas Policy - update. Presented by [redacted]

Medical Gas Policy has been reviewed and updated over the last 6 months and requires approval via two committees, one of which is DTC. **Action:** Approved.	
AOB: - Nil	
Date of next meeting: - Wednesday 20th of July 2022.	