

# **NLCFN** Newsletter

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# **MESSAGE FROM THE NEWS CO-EDITOR**

# Welcome to the Winter Newsletter

Welcome to our winter newsletter amidst Christmas festivities and New Year excitement. It is packed with information and feedback from NLCFN and WCLC Conferences 2017.

At our NLCFN Newcastle Conference we said a fond farewell to Helena Stanley as a committee member. We are extremely grateful to Helena for all her input to NLCFN and as co-editor to the newsletter. We wish her well in focusing on her role in Mesothelioma UK in the future. Thank you so much from all the NLCFN committee members. We look forward to announcing Helena's successor early in 2018.

A new challenge for 2018 will include embracing the IASLC Staging Atlas (8th edition TNM). An app is available to download for extremely useful reference, particularly in the MDT setting. It is the IASLC's hope that the 8th edition of the Staging Classification will be a useful tool for further research and will serve as a resource to benefit the many patients with lung cancer and other thoracic malignancies.



We look forward to seeing as many of you as possible at BTOG, Dublin, and NLCFN Workshop 26th January 2018.

Do contact us by any method as indicated below. We would be delighted to help with issues you may have and share your news and success.

Keep safe and well throughout 2018.

With best wishes,



Lavinia Magee
Co-editor and
committee member NLCFN



lenadesigner | Dreamstim



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# NLCFN ANNUAL CONFERENCE 2017

2ND AND 3RD NOVEMBER, HILTON HOTEL, NEWCASTLE GATESHEAD

# Investing in the Future: Aspiring for Excellence



Thanks to everyone who attended the NLCFN Conference this year, we had a great time and there was an amazing energy and enthusiasm of all of the delegates. The opening keynote presentation was delivered by Karen Roberts, Chief Nurse of Macmillan who gave an inspiring address on Investing in the future. With 2.5 million cancer survivors, older people living with cancer will treble by 2040. This will bring additional challenges and co-morbidities. Karen highlighted the decrease in number of nurses being trained and the need to shape and retain our workforce. There is a need to improve career pathways to and through specialist roles, improve skill mix and introduce new roles. New ways of working are required in order to enhance the skills and confidence of existing staff.



### From the frontline Workforce pressures in the NHS

 $(Macmillan\ September\ 2017)\ provides\ further\ reading: \\ https://www.macmillan.org.uk/_images/Macmillan-WorkplaceSurvey-ReportMAC16756_tcm9-316125.pdf$ 

With sessions on mesothelioma, immunotherapy, holistic needs assessment, smoking cessation, research skills, developing competencies and the outputs of best practice programmes there was something

for everyone.

A key highlight of the event was the session on how to lead in challenging times delivered by Drew Povey, headmaster at Harrop Fold school and star of the recent Channel Four documentary series about the school. Drew set a few hearts a flutter and gave a thought provoking and inspiring presentation which we are all still talking about.



**Drew Povey** Headmaster at Harrop Ford School

Make sure you book to attend next year's meeting to hear more from Drew.





# **Delegate Feedback**



Jennifer Latham Advanced Nurse (Respiratory Medicine), Raigmore Hospital

This year's NLCFN conference took place in the Hilton Hotel Gateshead, Newcastle. With a lovely venue overlooking the River Tyne it

was a success in the making. On Thursday, an excellent but easy to understand presentation from Matt Evison on the complexities of diagnosing mesothelioma and decision making in management of pleural effusions was informative and generated good questions from the floor. Matt managed to deliver a large amount of information which included:

- mesothelioma and empyema have many similarities in presentation; fever, sweating, weight loss and chest pain.
- pleural fluid diagnostically in empyema will have neutrophils and mesothelioma will have meso cells.
- the importance of CT during the venous phase to see the pleura and observe for pleural thickening/nodularity.
- · pleural effusions and IPC drainage.

Thursday evening had the eagerly anticipated dinner and awards. Excellent food and service by the staff at the Hilton.

Friday commenced with the NLCFN AGM followed by interesting updates from the research and thoracic surgical groups. I thoroughly enjoyed the debate on whether our lung cancer and mesothelioma patients should have a formal holistic needs assessment. An entertaining but very thought provoking session that left the audience as divided at the end of the session as at the beginning. There was great debate and participation from the audience as well as the speakers. Another favourite of the day was a very engaging presentation from Drew Povey on leadership. The audience left motivated and ready to go out and make positive changes in their areas of practice.

Although not on the programme, I feel strongly that the informal networking and sharing of experiences and approaches to patient care is as important as the sessions at conference.

Thanks for a great 2017 Conference and I look forward to next year's conference.



Natalie Barnett Macmillan Lung Cancer Nurse, Macclesfield

As I am in the first year of my post as a Macmillan Lung Cancer Nurse, it was the first time I attended the NLCFN conference.

I found the days not only educational and inspiring but a great way to network with my colleagues from other trusts.

I thought the story boards were great and this information sharing enables you to try some of the service improvement ideas in your own areas.

As a team we came away with new concepts that we feel will benefit and enhance the service we provide.

Being part of such an amazing group of dedicated professionals left me feeling both inspired and exceptionally proud.



Pamela Rose Hairmyres Hospital (NHS Lanarkshire)

I was lucky enough to receive a bursary to attend my first NLCNF conference in Newcastle this year. It was great to meet other lung cancer CNSs from throughout the UK

and hear how practice varies across the country.

There were two sessions that particularly stuck out for me; developing competencies and frameworks and the debate. Both sessions triggered great discussion and offered different view points on both topics. It was certainly thought provoking.

I had a poster accepted for display at the conference on the use of technology in the supportive care of lung cancer patients. For me, the highlight of the conference was the poster winning best abstract and our project jointly winning the annual award. It was a great privilege to be able to share our work and have it recognised. I'm sure this will be the first of many NLCFN conferences I will attend.



**Bing Smith**Royal Surrey County Hospital, Guildford

I attended the NLCFN conference this year and gained great knowledge on lung cancer management, including topics on optimal lung cancer pathway, diagnosis of lung cancer and

mesothelioma and also current treatment and trials. I am thankful for the opportunity that the NLCFN provided me with, so that I am able to network with the lung CNSs from other Trusts. It helped me to understand current practice within the field, learn, support and share practice with other colleagues with a view to meeting and achieving the highest standards of lung cancer care.

I joined the NLCFN because the objectives of the Forum are focused on lung cancer and mesothelioma care only. I love the idea that all the lung cancer nurses get together to discuss the same issues.

I definitely recommend joining the Forum and attending NLCFN conference. It has been a pleasure to stay in a great venue and learn in a comfortable environment.

Many thanks again for supporting me.





Laura Goodman LCNS, Kettering General Hospital

This is the third time I have attended the annual conference. I did raise the question with myself as to whether taking time out of my clinical role to attend was beneficial

given that I have been previously. The answer was yes, it is absolutely beneficial to me and my patients for me to attend the conference.

It is an opportunity to network, hear what is happening in other units, to refresh and re-energise myself to go back to my hospital and continue to drive care forward. I wondered whether the topics for discussion would begin to be repeated from previous years, they didn't.

I particularly enjoyed the smoking cessation session and found the discussion around the Fife experience very interesting and have bought this document back to my hospital to consider whether we could replicate any of it.

The talk from Drew Povey was the highlight for me. I look forward to attending next year.



**Louise Gillham** Lung cancer nurse specialist, Tunbridge Wells Hospital

Newcastle, what a magnificent place and what a superb conference. This year's conference continued to provide relevant,

clinical information and provided the opportunity to network and share great practice. At the conference dinner we "let our hair down" enjoyed good food and drink, and danced the night away whilst we networked amongst friends and colleagues.

This year's content provided inspiration, re-assurance and endorsement in the services we deliver and motivated us to further develop our services.

Attending the conference provided a valuable opportunity to meet new people and new celebrities! Drew Povey's presentation on Friday afternoon was excellent and made me reflect upon how the NHS as an organisation and business can be turned around to improve the care delivered to our patients.



**Simon Bolton** Macmillan Lung CNS, Harrogate

I was looking forward to attending the conference this year as the Forum returned to Gateshead. I was fortunate enough to be at

the IASLC World Conference on Lung Cancer in Japan recently but returned with a virus and seriously considered giving these 2 days a miss. I'm so glad I didn't. I coughed and spluttered my way through the event but despite this, I'd genuinely rate this as one of my most memorable conferences.

The venue often sets the scene and what spectacular scenery we were treated to. The hotel had stunning views of the river Tyne and its iconic bridges.

Naturally, I attended the Meso UK session and found myself nodding in agreement with every one of Mick Peake's slides on the role of the specialist Mesothelioma MDT. It was also great to hear from Ian Toft, partner at Irwin Mitchell who has recently been involved in a legal case which secured additional compensation to fund private access to non NHS funded treatments.

Smoking cessation quite rightly has found its way onto the agenda of many important lung cancer meetings in recent years. A recognition that we all have a role to play as our patients live with and beyond the diagnosis more than ever before. Sanjay's session on Friday afternoon was informative but made all the more memorable as he made a challenging topic interactive and fun.

My highlight of the two days and perhaps the most inspiring talk I've sat through over the past I4 years of NLCFN conferences, closed the meeting. Drew Povey seemed to tap into what we do and the differences we can make more than many who have addressed us before him (most of whom have a far greater insight into our work). Although I drove home still coughing, I left feeling enthused and invigorated. I'd been shown, as if I ever needed it, that I (we) have the best job in nursing.

I'd like to thank the NLCFN for funding the cost of my travel to the event.



# **NEWS, FEEDBACK AND PUBLICATIONS**



# Cancer Nursing Partnership

Don't forget to download your copy of the Cancer Nursing Partnership monthly bulletin. The December issue features an item on the changes to the Macmillan holistic needs assessment.

You can download your copy at http://www.ukons.org/downloads/

# **ESMO 2017**

Boehringer Ingelheim has produced a useful newsletter on the outputs following the ESMO 2017 conference. A copy of the newsletter can be downloaded at

https://www.nlcfn.org.uk/esmo-2017-feedback. Members are reminded that the material is produced by a pharmaceutical company and you are advised to ensure you remain objective and make your own professional judgements in reading this material.

# Lung cancer clinical outcomes publication 2016

This is the third lung cancer clinical outcomes publication. It reports the outcomes of operations to remove lung cancer in English NHS hospitals during the 2014 calendar year.

There have been some important additions since our last report. For the first time, the report includes perioperative survival rates for trusts, adjusted for patient variables that may influence survival. The analysis team have also had access to the Hospital Episode Statistics (HES) dataset, which they have been able to cross-reference with the data available in the cancer registry.

The full report is available to download at https://www.hqip.org.uk/resources/lung-cancer-clinical-outcomes-publication-2016/

Jeanette Draffan, Macmillan LCNS, Teeside

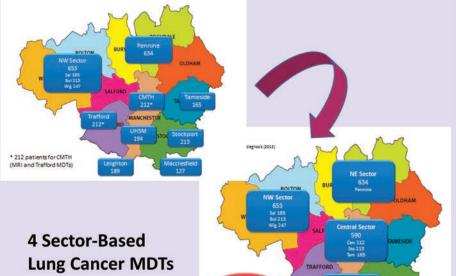


# Manchester Area 4 Sector CNS working

The Christie Hospital in Manchester has recently been able to expand its lung nurse team to have a different approach to managing their approximately 2,000 caseload of patients.

Manchester lung CNSs are being supported by a Macmillan project to improve communication between the tertiary centre and the local diagnostic hospitals.

There are now 4 Christie Hospital Lung
CNS's working to this 4 sector MDT model.
This is a 2 year project and the team is hoping
that communication and demonstrated outcome
improvements can secure these additional posts for the
future. Future developments will be reported but there is now a
steering group for this project which was well attended last week by
the Manchester area sector CNSs.



Jackie Fenemore Vice Chair, NLCFN, The Christie Hospital, Manchester



# **Global Lung Cancer Coalition**

Following my predecessor, as NLCFN chair I have the privilege of representing NLCFN for the Global Lung Cancer Coalition (GLCC). I have recently participated in the GLCC annual meeting which this year took place in Tokyo, Japan to coincide with the World Lung Cancer Conference. Led by Dr Jesme Fox (GLCC Secretary) and Dr Matthew Peters (GLCC chair), the meeting ran over the course of three days with representation from seventeen countries

Dr Fox set the scene by providing an update of GLCC activity over the past twelve months. A further two fact sheets have been developed for global use 'Lung Cancer Screening' and 'I have lung cancer – would it help if I stopped smoking?'. Both factsheets available on the GLCC website (http://www.lungcancercoalition.org/immunotherapy-factsheets.html). It was noted the challenges in ensuring information produced in fact sheets is transferable globally.

A multinational study to understand attitudes towards lung cancer and levels of symptom awareness among the public has been undertaken in twenty-five countries. The findings made for an interesting discussion. The GLCC is calling for global action to:

- Increase recognition of lung cancer symptoms through public awareness campaigns
- Improve public education and understanding around lung cancer and its causes
- Reduce stigma around lung cancer so people are not discouraged from reporting symptoms early.

There was opportunity to meet with GLCC partner organisations, along with presentations from some of the non-government patient organisations: Canada; Mexico and Australia. Following the closing of the annual meeting the GLCC held a joint symposium at the Pacifico Yokohama convention centre which was well attended by delegates attending the World Conference on Lung Cancer.

Vanessa Beattie, Chair, NLCFN Committee, Liverpool

# Hepatobiliary & Pancreatic Nurses Group - 23rd November -Newcastle Hilton Hotel

This group is in its infancy and they held their inaugural meeting at the 43rd Hepatobiliary & Pancreatic conference on 23rd November. The NLCFN was approached by Lynne McCallum, Regional Pancreatic Specialist Nurse (North), to speak about 'The Evolution of the NLCFN'. Having written the History of the NLCFN earlier this year and being a North Easterner it was appropriate that I delivered this presentation on behalf of the Forum.

Their full day meeting was tagged onto the Annual Hepatobiliary & Pancreatic Medical Conference - very much like our BTOG! There were 20 delegates in the room when I arrived half an hour before my designated slot of 3pm. Sadly people had to leave to catch trains etc which left about 12 nurses!

To present our Forum's success was a huge honour for me. I talked about how the Forum was conceived back in 1998 and how we have developed over the years, successfully including the Research Interest Group and the Thoracic Surgical Group. I mentioned the projects that our nurses have been involved in through the Annual Workshop and the Small Grants Schemes that we support and how we have developed Lung CNSs own education and professional experience through Using Your Voice, the Annual Conferences and other initiatives. I discussed how, through the committee, we strive to have our voices heard on national agendas and what a powerful voice we have!

Lastly I spoke about how, as nurses, we have developed our national and international position having many nurses being asked to present their own and NLCFN projects at conferences such at UKONS, BTOG, IMIG and WCLC (IASLC). We are internationally recognised as expert nurses in our field and to have the HBP nurses identify this and want to simulate our success is a huge compliment. We wish them all the best.

Jeanette Draffan Macmillan Lung CNS

# UKONS Conference IIth November 2018 Harrogate Conference Centre



The NLCFN was invited to the UKONS annual conference on the 11th November as part of the disease prevention workshop. With the NLCFN and UKONS working together with a smoking cessation project it was very timely to present 'Smoking Cessation and the role of the Oncology Nurse'.

An interactive session alongside CRUK was delivered twice, once before lunch then again after lunch. The groups were small in numbers 17 & 19 respectively but the presentation was well received especially as CRUK also included a small section on smoking in their presentation too.

There weren't any Lung CNSs in the audience however the groups included both primary and secondary care nurses working in Oncology. It was interesting to hear that other nurses didn't routinely discuss smoking cessation with their patients despite smoking being linked to other cancers. Notes were frantically being taken so hopefully the discussions throughout the presentation have had a positive impact on changing practices to include smoking cessation as routine in all settings.

Jeanette Draffan Macmillan Lung CNS



# INFORMATION FOR PATIENTS

# **Roy Castle Lung Cancer Foundation**





Did you know Roy Castle Lung Cancer Foundation offer the following services for patients?

- Free will and estate planning service
- Holiday insurance
- · Patient resources and materials
- Networking and support groups for patients and carers

To find out more about how the RCLCF can support your patients visit their website at https://www.roycastle.org/ or call on 0333 323 7200

# **MESOTHELIOMA NEWS**



# Mesothelioma UK - making a difference

Mesothelioma UK is a national resource centre dedicated to providing free specialist information, support, and improved care and treatment. We offer support to patients through a dedicated helpline and a team of specialist nurses, and also work with health care professionals and other organisations to fund research into mesothelioma. The centre has strong links with the NLCFN and welcomes opportunities to support forum members in their mesothelioma practice.

# Asbestos Victims Groups welcome proposals for new asbestos eradication law

Asbestos victims groups have welcomed proposals for a new law to remove asbestos from workplaces, public buildings and homes in Britain. The proposals, contained in a new report, "The asbestos crisis – Why Britain needs an eradication law", has been published by the All-Party Group on Occupational Safety and Health. [1]

This country has an appalling legacy of asbestos-related diseases because of the widespread use of asbestos in construction and heavy industry in the post-war years. Britain has the highest mortality rates for mesothelioma, a fatal asbestos-related cancer, in the world. More than 2,500 people died in Britain in each of the last 2 years [2], with a similar number estimated to have died from asbestos-related lung cancer and asbestosis. Asbestos is responsible for 3 times as many deaths as road traffic accidents each year.

Although the import and use of asbestos in Britain was finally, and belatedly, banned in 1999, most of it is still embedded in the fabric of many of our homes, workplaces and public buildings, including schools and hospitals.

Graham Dring, Chair of the Asbestos Victims Support Groups' Forum UK said "Such a law is essential if we are to put an end to the ongoing tragedy of needless asbestos-related deaths, and the heartbreak this causes for those left

behind. Support Groups around the country are dealing with the legacy of disease caused by exposure to asbestos decades ago. But we are also seeing increasing numbers of people who did not work directly with asbestos but have contracted diseases because asbestos was in the building where they worked.

Unfortunately, you cannot guarantee asbestos will remain undisturbed and that buildings will remain in good repair. The only sure way to prevent exposure in the future is to get it removed. We don't expect this to happen overnight. But Government needs to start now to plan and set targets for phased, safe removal. Asbestos victims were badly let down in the past by the failure to ban asbestos until decades after the dangers were first known. We owe it to future generations to stop the epidemic of asbestos diseases by removing the root cause from our workplaces, public buildings and homes."

- I. The Asbestos Victims Support Groups Forum UK was set up in 2005 to represent asbestos victims and support groups in the UK and to campaign on issues affecting asbestos victims. Individual groups give free, independent advice and support to asbestos victims and their families and run support group meetings for mesothelioma sufferers and bereaved family members. More information can be found at www.asbestos-victims-support.org
- Asbestos-related diseases are 'long-tail' illnesses. It is usually decades after asbestos-exposure before diseases develop. The average for mesothelioma is around 35 years.

 $http://www.ianlavery.org.uk/asbestos\_eradication \\ http://press.hse.gov.uk/2015/hse-releases-annual-workplace-fatalities/$ 

# Get in touch with Mesothelioma UK

Telephone: 0800 169 2409 Email: Mesothelioma.uk@uhl-tr.nhs.uk

Website: www.mesothelioma.uk.com Facebook: @therealmesouk Twitter: @Mesouk



# **RESEARCH NEWS**

# BTOG Nursing Workshop: Thursday 25 January 2018

If you're considering attending BTOG this year don't miss out on the NLCFN/BTOG workshop taking place on 25th January 2018 from 16.00. In response to feedback this year's workshop focuses on service innovation and evaluation.

There will be two presentations and time for discussion. Topics will be:

- Specialist palliative care for people with lung
  cancer.
- Nurse-led rapid access, video linked, lung cancer clinics

# The Research Interest Group

The National Lung Cancer Forum for Nurses (NLCFN) is keen to develop research and evaluation activity to help improve care and services within lung cancer. With this goal in mind the NLCFN established a Research Interest Group (RIG) in 2010. This RIG aims to facilitate collaboration and dialogue between clinical and academic colleagues and bring together experienced researchers and nurse specialists with a declared interest in lung cancer and research.

# Research database

The NLCFN RIG has set up a database of research projects that **NLCFN** members are actively involved in.This will detail research projects and outputs. Do let us know of any research projects that should be added to the database.

Please contact Tricia via info@nlcfn.net so that the details can be added



# IASLC World Conference on Lung Cancer

# Yokohama, Japan, 15-18 October 2017

This year the International Association of the Study of Lung Cancer took place in Yokohama. Several NLCFN members submitted abstracts to the conference or were invited to speak. The NLCFN maintained the impact and presence they had at the previous IASLC conferences. Despite the size of the conference (approximately 7000 delegates) the NLCFN ensured that UK nursing was well represented and are world leaders in nursing development in lung cancer. Please see page 11-12 for reports from members following their attendance at Yokohama.

# Toronto, Canada 23-26 September 2018

In 2018 the IASLC conference will be in Canada. All NLCFN nurses with research, audit or service evaluation projects are encouraged to submit abstracts.

### Key dates are:

- February 1, 2018 Abstract Submission Opens
- February 1, 2018 Registration Opens
- May 4, 2018 Abstract Submission Deadline
- June 15, 2018 Abstract Notifications
- June 22, 2018 Early Registration Deadline
- August 3, 2018 Regular Registration Deadline
- September 23 26, 2018 Conference Dates

Professor Angela Tod, Chair of the NLCFN Research Interest Group Professor of Older People and Care, School of Nursing and Midwifery, University of Sheffield.

# PRON - Research Training – Save the date! 29th and 30 June

We are delighted to announce that we have received approval for funding from Boehringer Ingelheim to run the research training meeting: Promoting Research in Oncology Nursing (PRON) Meeting. The meeting will run on 29th and 30th June 2018, in the Midlands.

If you are interested in attending the PRON Meeting please save the dates and email us at info@nlcfn.net to express your interest.

Further details to follow soon.

# Joint RIG / Thoracic Sub-group meeting

Save the date!

In June 2017 the RIG and Thoracic Sub-group of NLCFN had a joint meeting. This was a very enjoyable and interesting day. It was great to see and hear about the shared interests of the two groups.

In the afternoon Matt Johnson ran a consultation discussion about the emerging findings from his study on communication of risk of recurrence following lung cancer surgery.

It was decided that we would hold a joint meeting once a year.



# New research group members welcome!!!!

Any Forum member is welcome to attend or be on the circulation list for the RIG. It doesn't matter whether people are research active or not. We will welcome input and ideas from any Forum member. If you would like to join the RIG or would like more information please contact info@nlcfn.net

2017 has been a great year for new research activity. We have also been able to support the funding of some new projects by NLCFN members. See details below.

### **RESEARCH GRANTS**

### **NLCFN Small Grants**

The 2017 Small Grants have been awarded to Maureen King and Sarah Morgan for two really valuable projects. Details are as follows:

- Maureen King: Hospital readmissions following lung cancer surgery within 30 days of discharge: Multi-Centred, prospective, three-month audit.
- Sarah Morgan: The impact of the lung cancer nurse specialist in facilitating a rapid access lung cancer clinic with remote access to the specialist clinician.

The Small Grant scheme will run again in 2018. Further information about both schemes is available on the NLCFN website. http://www.nlcfn.org.uk/RIG

# Mesothelioma UK/ Pat Stone Nursing Research Grant



The 2017 Mesothelioma UK Pat Stone nursing research grant was awarded to Amy Kerr from Heart of England NHS Trust in Birmingham. The grant was awarded for Amy to run a prospective single blinded study of patients undergoing diagnostic surgery for suspected mesothelioma. The study will assess the accuracy of Structured Light Plethysmography to differentiate mesothelioma from benign pleural disease. Amy received her award at the Mesothelioma UK Patient and Carer Day on 6th October 2017. We look forward to hearing how Amy's project progresses.

For detyails about the 2018 grant please visit https://www.nlcfn.org.uk/MesoUKGrant

# 2018 NLCFN Research Award 3

Mesothelioma UK is committed to supporting research into all aspects of treatment and care related to mesothelioma. Working in collaboration with the National Lung Cancer Forum for Nurses up to £25,000 is available for a NLCFN member or group of members to undertake a small scale research study, a complex audit or a preliminary enquiry to support a larger grant application.

# **Application criteria**

- The chief investigator must be a fully paid member of the NLCFN. The successful applicant will join the NLCFN Research Interest Group (RIG).
- The application is to be made to the NLCFN RIG on the attached proforma and accompanied by a full research proposal of up to 1000 words.
- The project or study is to be independent of any program of education; it is not to be carried out as part of a course of study.
- The proposed study must be 100% focused on mesothelioma and related to supportive or palliative care.

For full details including application guideline and application forms please see https://www.nlcfn.org.uk/MesoUKGrant

# Stepping into Doctoral Study - A workshop for allied health professionals, nurses & midwives considering embarking upon a doctorate Wednesday 7th February 2018 Manchester

Building on the Friendly Guide, 'So you want to do a doctorate?' this workshop is designed to provide some answers, provoke new thoughts and provide you with some space and time to do some serious thinking and planning. Topics include; the different options open to you; the kind of financial support available; how to find a supervisor or taught programme that is right for you; the issues that are causing you concern. You will have an opportunity also to hear from and talk with people who have already undertaken doctoral studies.

The workshop is facilitated by Dr Lynne Goodacre who has extensive experience of supervising and examining PhD students and supporting the development of research capability in health professionals working in clinical settings. Lynne qualified as an occupational therapist, has worked in academia and is also a certified professional coach.

The full programme & application form can be found at www.lgpersonaldevelopment.co.uk
For further information email:
lgpersonaldev@gmail.com



# **MEMBERS NEWS** NEWS NEWS NEWS

# Message from the Committee Chair

I'm delighted to inform you that Karen Clayton has stepped up to take on the role of Deputy Vice Chair once Jackie Fenemore succeeds me in January 2020. I have no doubt that she will be a great support to Jackie Fenemore when she succeeds me in a couple of years! I'm sure you will all join me in congratulating Karen.



Vanessa Beattie

At this time of year we tend to reflect back on what we have achieved and make plans for next year. I hope that you have enjoyed your membership this year and been able to take advantage of the benefits of membership and attend the conference. In the current NHS environment it has never been more important to be able to take time out and share experiences with your Forum colleagues and learn about how best to deliver the care we want to for our patients within the challenges we face in today's NHS.

Next year, we have exciting plans in place to partner with an organisation in the development of a series of online learning modules for beginners and advanced LCNS to support professional development and are planning



**Karen Clayton** 

to run a major survey of members on equity of and access to biomarker testing and immunotherapy which we would be most grateful if you could ensure you participate in. It is important to remember that the NLCFN is your organization and we rely on your communication to develop and enhance the forum.

Remember – this is your organization and we can only serve you if you communicate with us and participate in Forum activities.

I'd like to take this opportunity to thank my committee colleagues on the committee who have worked tirelessly to support the Forum and given up their own time to help deliver the NLCFN programmes and conference.

I wish you all a very merry Christmas and all good wishes for 2018.

Vanessa Beattie, Chair NLCFN Committee

# Feedback from the World Conference on Lung Cancer 2017

The WCLC in Japan marked the start of some big changes for Nursing and Allied Health (NAH) within IASLC.We launched the draft of the Immunotherapy Guidelines to very positive feedback, recruited more members, started work on our next strategic plan, and started development of research grants for 2018. We had the first recipients of the new NAH travel grants attend WCLC which was so fantastic to see. Another big change was having a NAH seat on the IASLC Board. This seat was announced in Vienna to a standing ovation and it has been exciting to see the seat filled in Yokohama this year. ISLAC and the board are going through

some dynamic changes and it an exciting time to be working with this team. The Board has been extremely welcoming and encouraging of all the work the committee is doing. They have ensured that NAH is well represented in the new Strategic Plan and in upcoming regional meetings happening over 2017/2018.

I have been really encouraged by how responsive the Board has been to suggestions for research grants, professional development, webinars, go to meetings, NAH representation on local organising



committees, and integration of NAH tracks at future WCLC meetings... starting in Toronto next year.

Integration of NAH at all levels of IASLC makes them unique among all International Oncology associations.

Anne Fraser, Oncology Nurse Practitioner, Auckland, New Zealand, voted onto IASLC Board of Directors and attended her initial meeting in Yokohama, Japan.

Please provide feedback on the Immunotherapy Guidelines via the toxicity link on the IASLC website. Feel free to email with suggestions of how we can work better for NAH members in IASLC or if you want to find out how you can be involved.



# Feedback from the World Conference on Lung Cancer 2017 continued



I attended the 18th World Conference on Lung Cancer in Yokohama to present my work on the issues reported by patients on long term follow-up after lung cancer surgery. The session, held on day 2 of the main conference, was dominated by presentations from the UK with 5 of the 9 presenters in the session from the

UK.We were each given 5 minutes to present our work (a challenging prospect! Luckily the session chairs weren't too strict about timekeeping) and after every three presentations a discussant gave an overview and feedback on the work presented. The presentations were well received and reviewed. It was great to see the UK leading the way in lung cancer nursing.

Elsewhere in the conference there was a focus on the 8th edition of lung cancer staging and lots of helpful literature was available. In the ITONF workshop there was an interesting presentation on the oncology nurse role in Japan. It was great to see translation services in use in this session.

The travel bursary provided by the NLCFN was invaluable in allowing me to attend this conference, the support of the NLCFN undoubtedly encourages and assists nurses from the UK to present at international meetings and demonstrate how we lead the world in lung cancer nursing.

Jenny Mitchell Advanced Nurse Practitioner, Thoracic Surgery Oxford University Hospitals NHS Foundation Trust



To present at the World Conference on Lung Cancer was both an honor and privilege for me that was only made possible by the NLCFN bursary.

The NLCFN Workshop project 2016 'Can the early intervention of the Lung Cancer CNS

reduce the length of stay for patients admitted via the emergency route at first presentation?' of which I was the project lead, was chosen for a mini oral presentation. This took place during the Support and Communication session.

The presentation was evaluated by Beth Ivimey, a Senior Lung Cancer Nurse from Australia. She spoke of the impact this project has on patient care and how once again the UK nurses were leading the way.

The audience comprised mainly of nurses. However, Dr Robert Milroy, a Chest Physician from Glasgow, complimented the NLCFN for producing such an invaluable project that both Trusts and Commissioners need to take on board.

Jeanette Draffan Macmillan Lung CNS



I was fortunate enough to attend the 18th world conference on lung cancer in Yokohama Japan from October15-18th 2017. I was selected to present research work on nutritional interventions for patients undergoing lung cancer surgery and the UK thoracic surgery patient and public involvement group.

This conference was an ideal platform for the early results of my work because it is an international forum, consists of researchers, doctors, nurses, education scientists and industry representatives who are experts in the treatment and care of lung cancer patients.

The abstracts that I submitted to the conference were allocated in the nursing/palliative care/ethics poster session on the Monday and Wednesday of the conference. The papers were: Outcome of Pilot RCT in Lung Cancer Surgery Patients Receiving Either Preop Carbohydrate & Postop Nutritional Drinks or Water and National UK Thoracic Surgery PPI Group Identify Key Questions in Routine Clinical Care for Further Research.

As a result, it was received well by academic researchers and lung cancer experts. This opportunity provided me with a valuable learning experience. For instance, it was an excellent opportunity to gather together, interact and exchange findings and views during conference sessions and coffee breaks. Consequently, I have built new working relationships with a number of academics and professionals from the UK and different countries who have similar research interests such as nutrition and nursing research.

Finally, I would like to thank the National Lung Cancer Forum for Nurses for giving me the opportunity to attend the Conference via their conference funding which covered the part of my expenses. This conference is very interesting and enriches my experience with more information, knowledge and confidence.

Amy Kerr Heartlands Hospital, Birmingham



It was a thrill to have an abstract accepted at an international conference and for us in the Lung Cancer field, THE world conference! Being awarded a NLCFN bursary meant that I was actually able to accept this honour and be able to travel to Japan and present some of my initial findings from my PhD research.

WCLC is an almost overwhelming affair to the uninitiated and being selective and realistic about what to attend is your first step. Working in a largely thoracic surgical setting, trying to get my head around the rapidly evolving

immunotherapy treatment field is ultimately futile. So I tried to attend things with some direct relevance to my practice. For me, one of the highlights included Dr Carolyn Dressler, from The Human rights and Tobacco Control Network, USA, speaking about tobacco control around the world, with differing attitudes to e-cigarettes and the recent adoption of Heat, Not Burn (HNB) tobacco consumption, especially in Japan. HNB, as the name suggests, heats tobacco to a lower temperature than burning and significantly decreases toxicant release. It sounds like something we are likely to hear a lot more about in the coming months and years, with potential benefit for people unable to quite tobacco consumption altogether. There were also a series of thought



provoking speakers exploring lung cancer screening and the optimal management of screen detected nodules, while avoiding over treatment of people who have benign, or indolent, non life-threatening lung cancers.

### Reflections on my presentation

Presenting was ultimately nerve-wracking, even though there were fellow NLCFN members presenting. I was also grateful not to be

speaking to the whole of the main conference hall, but in a much smaller Nursing and Palliative Care session. I had five minutes to present a résumé of my research, with someone reviewing the presentation and critiquing the ideas. I felt privileged to have Dr Jeffrey Crawford from Duke Cancer Institute, North Carolina, USA, discussing my work, with his thoughtful and supportive reflections on my presentation. My own take-home message was that discussing potential recurrence with patients after

surgery is challenging and complex. There is a great deal of potential for misunderstanding and confusion. However, open discussion of possible recurrence could help patients manage future uncertainty and help in early identification of recurrence. Dr Crawford reflected on some of these challenges, such as patient (and staff) numeracy, changes to the staging system, extrapolating from clinic trial data and uncertain benefits of further treatment for any given individual. He reflected that studies which give further insight into patient clinician communication can help to ensure patients are better informed and so better able to take part in shared decision making. Additionally, the new staging system may allow a more finely graded assessment of prognosis for patients. However, I feel my data is questioning whether this detail and more precise estimation of prognosis is really what patients need and want in order to face the future after lung surgery. Having the chance to present and to take part in this discussion has been helpful to my thinking about my study.

Matthew Johnson Royal Brompton, London



# Macmillan Lung Cancer Charity Ball - 25th November 2017

The Macmillan Lung Cancer Nurses of North Tees & Hartlepool Trust held their 3rd Annual Charity Ball at Hardwick Hall Hotel, Sedgefield. The event takes place during Lung Cancer Awareness Month which is our way of contributing to raise awareness.

The night was again a huge success with David Harper, from BBC's Bargain Hunt, being our special guest and hosting the Auction. David was his usual flamboyant self. His enthusiasm and passion for supporting us is evident in the way he 'encourages the guests' to dig deep into their wallets and purses to bid for the auction prizes!

The Plays played the night away with fantastic music to get everyone dancing.

We raised a phenomenal £14,519, which will be divided between Macmillan Cancer Support and the North Tees Lung Cancer Trust Fund supporting patients locally and nationally.

We would like to say a huge thank you to all those who contributed raffle and auction prizes - we have thanked you all (hopefully) on our Facebook page!

We are now planning our 4th Macmillan Lung Cancer Charity Ball for 24th November 2018.



# DATES FOR THE DIARY



# Wednesday 24th to Friday 26th January 2018

16th Annual BTOG Conference 2018 - BTOG 2018

Clayton Hotel Burlington Road, Dublin

### **18th April 2018**

BTOG Neuroendocrine/SCLC Essential Update 2018

London

## 2nd-5th May 2018

I4th International Conference of the International Mesothelioma Interest Group

Ottawa, Canada

# 29th and 30th June 2018

Promoting Research in Oncology Nursing (PRON) Meeting

The Midlands

### 19 - 23 October 2018

**European Society for Medical Oncology** 

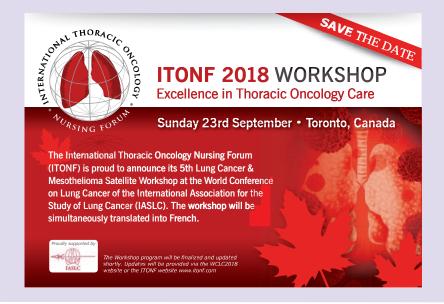
Munich, Germany

# 23-26 September

# **18th World Conference on Lung Cancer**

Toronto, Canada

https://www.iaslc.org/events/iaslc-19th-world-conference-lung-cancer-wclc2018





# **National Lung Cancer Forum for Nurses**

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The National Lung Cancer Forum for Nurses is grateful to its corporate sponsor Lilly Oncology for the provision of an educational grant to support the activities of the organisation. Lilly Oncology have had no input to the production of this newsletter. Click http://www.nlcfn.org.uk/content/sponsorship-opportunities for the NLCFN information on sponsorship including our statement on funding