



ISSUE 22, WINTER 2017

NLCFN Newsletter

IN THIS ISSUE...

NLCFN Annual Conference 2016, Solihull 2

My experience of the NLCFN Conference 2016 as a newcomer to the conference 3

Feedback from recipients of NLCFN conference travel bursaries 4

News, feedback and publications

UKLCC 25 by 25 ambition 6

National Lung Cancer Audit Reports 6

Nursing Standard 6

Cancer Nursing Partnership Bulletin 7

All Wales Lung Cancer Forum 7

Royal College of Physicians 7

Global Lung Cancer Coalition 8

Mesothelioma news 8

Research news

NLCFN RIG 9

Research grants 9

IASLC World Conference on Lung Cancer, Vienna 3-6 December 2016 9

Research Training 10

Professional development and support

LEAD 25th-26th November 2016 10

Members News

NLCFN AGM, November 2016 10

World Conference on Lung Cancer 11

NLCFN Travel Bursary Recipient - Sharon Savory 11

Lung Cancer Awareness Event, Leicester 2016 12

Call for applicants for NLCFN Committee 12

Dates for the diary 13

MESSAGE FROM THE NEWS CO-EDITOR

Welcome to the Winter Newsletter

Hello, here is the first newsletter of 2017 for all NLCFN members. I think you may find some of the features interesting and relevant to our work in the field of lung cancer.

The year 2016 saw many new developments in lung cancer treatments and also long awaited NICE approval for immunotherapy for lung cancer in the second line setting. Now more than ever it is vital for us all to keep updated in all changes on the horizon.

We hope you agree that membership of the NLCFN helps to keep each and every one of us updated with relevant news. 2017 will bring more challenges and opportunities in the NHS and it is vital we as nurses are as effective in our roles as possible to bring added value to our specialist roles.

I wish you and all your families a happy new year on behalf of myself and all the committee members of the NLCFN.



Best wishes,

Jackie Fenemore
Deputy Chair and Newsletter Co-editor



The National Lung Cancer Forum for Nurses

Direct NLCFN Telephone Number: 01675 477607

Email: info@nlcfn.net

Address: NLCFN, Unit 2, Warwick House, Kingsbury Road, Curdworth, Sutton Coldfield, B76 9EE

NATIONAL LUNG CANCER FORUM FOR NURSES ANNUAL CONFERENCE 2016, ST JOHNS HOTEL, SOLIHULL



185 delegates attended the NLCFN flagship annual conference on 10th and 11th November 2016. Of those who completed the delegate evaluation form (30%) only 11% of delegates were required to pay themselves to attend the conference. Most, (33%) were able to obtain sponsorship from the generous sponsorship of our pharmaceutical companies/solicitor colleagues with a further 25% managing to secure funding from their employers.

The overall feedback was excellent with scores for structure of conference, educational relevance, quality of presentations, knowledge of speakers and the opportunity to ask questions scoring highly (minimum score 4.72 out of 5 on a ranking from 1-5 where 5 = Highly relevant).

The majority of delegates who completed the evaluation found the venue to be of a high standard with 85% of delegates ranking the venue as good or excellent. 98% of those who completed the evaluation found the organisation and delivery of the conference to be good or excellent.

Highlights of the conference were the Star Wars themed SABR vs surgery debate chaired by Jeanette Draffan with John Edwards and Kevin Franks in the hot seats. To allow for as full a programme as possible the conference featured, for the first time, parallel symposia on the Thursday afternoon allowing delegates to select from a session on nurse-led clinics and one on symptom management both of which proved extremely popular. Both the mesothelioma and optimising respiratory function sessions were also very well received as well as the very inspiring closing plenary on motivational interviewing. The NLCFN is extremely grateful to the speakers for their time and expertise and also for allowing us to share their presentations with you via our website.

You can view the conference presentations at <https://www.nlcfn.org.uk/nlcfn-conference-presentations>



A big thanks to all our sponsors and exhibitors...

The NLCFN is grateful to the following companies for their support of the conference without whom we would not be able to run this event including:



My experience of the NLCFN Conference 2016 as a newcomer to the conference

I attended the NLCFN 2016 conference with my colleagues from Wales. I was only two weeks into my new post as a Lung Cancer CNS so I did not really know what to expect from the event. On reflection, despite being new to my role and the NLCFN I immediately felt welcome; the atmosphere was warm, friendly and enthusiastic.

On the first day I particularly enjoyed the presentations on Mesothelioma especially the Top Ten Tips for Managing the Symptoms of Mesothelioma; I think this will be very useful knowledge to bring back to everyday nursing practice. I also enjoyed the Symptom Management presentation in the parallel session, I found the information on hypercalcaemia and bone metastases very useful, informative and delivered in a manner which made the science clear.

Day one concluded with fantastic satellite symposia presentation on cachexia which would be useful for any health-care professional working with patients with cancer as it explored the impact of cachexia, not only on the patient but also on the relatives/loved ones.

On Day 2 I found the presentation by Amy Kerr about pulmonary rehabilitation using technology really interesting and gave good ideas for optimising patient health which potentially could be utilised in a variety of patients, undergoing different treatments. The patient experience was inspirational, invaluable and a good reminder of bringing what we have learnt back to the patient. Finally I thoroughly enjoyed the Motivational Interviewing by Tim Antiss, the communication tools which were discussed during the session were

extremely useful and I have already applied what I learnt in clinical practice whilst speaking to patients and relatives.

In conclusion, the conference was a fantastic experience despite being very new to my post, everyone I met at the event were friendly, welcoming and approachable. The presentations were clear and relevant to nursing practice and I have taken away a huge amount of knowledge to process whilst growing into my new role. Thank you for the experience.

Emma Williams
Lung Cancer Specialist Nurse Nevill
Hall ABUHB Hospital South Wales

Feedback from recipients of NLCFN Conference Travel Bursaries

I attended the National Lung Cancer Forum for Nurses Conference in November 2016. As a new clinical nurse specialist I found it invaluable as a way of learning about new advances in Lung Cancer treatments as well as networking with other nurse specialists across the country.

I particularly enjoyed the sessions on immunotherapies as I felt I had a gap in my knowledge base regarding these. The knowledge I learnt from these sessions helps me in my daily practice. I found these sessions particularly helpful when explaining the new therapies to patients and helping them manage their symptoms.

Hearing about service developments and innovations in other NHS trusts across the country was inspiring and informative. It was useful to hear about how other departments manage their Lung Cancer Pathways and see if we could learn from other hospitals in order to improve our practice.

Overall I thoroughly enjoyed this year's forum and would recommend it to any of my colleagues.



Maeve Keane

As a Macmillan Thoracic Surgical Nurse Specialist my remit is to support those who are undergoing a lung resection for a diagnosed or suspected primary lung cancer. I am not involved in caring for those with Mesothelioma, as the sessions on managing symptoms and how to advise patients on their legal experience were not relevant to my practice I did not take notes. My remit does not cover caring for those with lung cancer who are having chemotherapy/radiotherapy so no notes were taken for me to comment on these sessions.

The Debate: SABR v's Surgery session was particularly entertaining and relevant to my practice as Leeds is a recruiting centre for the SABRTooth trial and was asked by Kevin Franks to do a presentation to some of the Research Nurses about the post-operative recovery for the surgical patients. I found that both Kevin Franks and John Edwards gave good arguments to support their field of practice and getting the audience to vote in the case studies was very engaging.

The session presented by Amy Kerr on 'Using Technology: Pulmonary Rehabilitation. An introduction to the Heartlands PR App was particularly interesting to me as I currently run an education session for my patients and consulted Amy when I first set it up to see how she had established her programme in Heartlands. I have the same problem as Amy in terms of patients not attending due to having to travel distances and it was interesting to see how she has addressed this with technology. This is something I'd like to consider using for my patients but would have to wait for Amy to be able to provide the app as I would find it difficult to find the money to develop an app.

Because my remit is focused on patients with primary lung cancer most of the stands are not relevant, however I did spend

talking to the rep at the Nutricia stand about pre-operative nutrition, some of her products would be useful and have taken the information leaflets to look into this. Nutrition was brought up in Sanjay Agrawal's session about optimising a patient's respiratory function and looking at my own practice there could be room to improve in our assessment of someone's nutritional state pre surgery.

Even though my remit is just surgical treatment for lung cancer I'm always able to take away new ideas from the conference that I can try to implement to improve my patient care/experience.

Sandra Dixon



After not managing to attend conference for a few years everyone was so friendly there was plenty of opportunity to network meeting old friends and making new ones. The two days were packed full of really informative speakers that were inspirational and motivational. I gained something from everyone. I will just focus on two areas that had a significant impact on me.

The first was Cachexia. I am now going to be really proactive in ensuring all our patients have a MUST score done at presentation to enable us to capture those patients at risk, I was really concerned that it was responsible for 20% of all cancer deaths. It was also helpful to learn that it is not just a case of giving supplements but to consider a multimodal approach because loss of function often pre-dates loss of muscle loss. I shall be discussing this with my pulmonary rehab colleagues to see how we can look at this for our patients. I had not been aware of the Lung Cancer Nutritional Care Pathway on the Forum Website but it is very helpful, clear and concise giving stepwise advice about what to do with the MUST score for our patients depending on their level of risk to cachexia.

Finally the motivational interview session at the end also made me stop and pause for thought in how I approach patients when I need them to change something they do, such as smoking. This session opened up a new way of thinking and approaching this aspect in my practice, I am already trying to use it and I am seeing the benefits already in the relationship with the patients.

Vicky Lamonby

My name is Isobel Dowd and I'm Lung Specialist Nurse working at The Christie in Manchester. Our team comprises of thirteen Consultants, two Specialist Nurses, one Nurse Clinician and 2 Nurse Clinicians in training. As our 20:20 vision states we specialise in cancer treatment, research and education and is the largest cancer centre in Europe. Treating 40,000 patients a year from across the UK, it became the first UK centre to be officially accredited as a comprehensive cancer centre and has its own dedicated hospital charity. Back in November 2016, I was luckily enough to be able to attend the National Lung Cancer Forum for Nurses Annual Conference.

The first sessions covered "The Future is Bright for Lung Cancer" which was very informative and led by Mick Peake. The next session I attended was "Ten Top Tips for Managing the Symptoms of Mesothelioma" which was very specialised, interesting and educational. In my last professional nursing post as a Research Sister, I have been lucky to have been closely involved in the very early clinical trials for treating Melanoma involving Immunotherapy drugs – Ipilimumab and Pembrolizumab before they became licensed drugs. Now Immunotherapy is available to our lung cancer patients within the context of a Clinical Trials and is now on the horizon for second line treatment for a specific group of our patients with NSCLC. This is fantastic news as we have seen excellent results in our Melanoma patients at The Christie. With my background and experience in immunotherapy I really enjoyed the session "New Horizons - Impact of immunotherapy on the patient pathway in advanced NSCLC". Overall the content of the conference was excellent, covering all aspects of patient care and the speakers were of such a high standard. What was clear throughout the conference is how passionate as specialist nurses we are, caring for our patients from diagnosis to end of life care.



Isobel Dowd

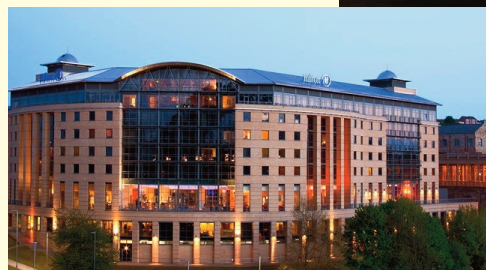
Ready for this year's conference: Save the date and get prepared

NATIONAL ANNUAL CONFERENCE 2017 – Run by Lung Cancer Nurse Specialists FOR Lung Cancer Nurse Specialists

**2nd and 3rd November 2017
Hilton Hotel, Newcastle Gateshead**

Don't miss out on your opportunity to get updated with the most relevant conference of the year for lung cancer nurse specialists.

Registration opens soon



Get recognised for the work you do... Think about your conference abstract now

Support provided for the production of posters for accepted abstracts - full details upon acceptance of abstract

**CLOSING DATE FOR RECEIPT OF ABSTRACTS
8TH SEPTEMBER 2017**

- Examples of achievement in improving patient care
- Developing good practice
- Implementing evidence based care
- Symptom management
- Nurse led initiatives
- Clinical leadership

Abstracts should include a maximum of 250 words and must be submitted by 8th September 2017 indicating the appropriate category. Please see website for more information at <https://www.nlcfn.org.uk/content/submit-abstract>

Original posters will be judged at the conference and the winner(s) will receive a prize.

The NLCFN does consider abstracts which have previously been submitted elsewhere and/or will be submitted to other future events including BTOG 2018.

NEWS, FEEDBACK AND PUBLICATIONS

UKLCC 25 by 25 ambition



The UK Lung Cancer Coalition (UKLCC) is a coalition of the UK’s leading lung cancer experts, senior NHS professionals, charities and healthcare companies. It was established in November 2005 to help bring lung cancer out of the political, clinical and media shadow.

In response to the growing need to address cancer as a whole, nations across the UK have undertaken efforts over recent years to help support improvements in long-term survival. Following this, estimates now suggest that the UKLCC’s founding ambition to double five-year survival has effectively been met in England, with improvements also seen in Scotland, Wales and Northern Ireland. However, whilst significant improvements have been made, there is still an urgent need for

more to be done. Lung cancer is not prioritised as it should be compared with other common cancer types, quality of patient outcomes highly varies and whilst long-term survival across the UK has significantly improved, rates still fall behind in comparison with other developed countries. More needs to be done, and we need to aim higher to secure better outcomes for patients.

The UKLCC is calling for a drastic improvement in care for those with lung cancer across the UK in order to raise five-year survival rates to 25% by 2025.

To determine how to meet this ambition, the UKLCC sought to explore the opinions of those who face up to lung cancer every day, launching a number of surveys across the UK within the lung cancer community. The resulting report contains a series of UK-wide principles to improve five-year survival rates and meet The 25 by 25 ambition. These principles, aimed across the patient pathway, are set out in three key phases up to 2025. The report also sets out tailored recommendations for each UK nation for immediate delivery, laying paths to success unique to each individual health service.

The NHS is facing massive financial pressures and resource strain, but there are also unprecedented opportunities offered by new national structures, local and regional autonomy and a drive for effective ‘whole person’ care.

You can access the full 25 by 25 report on the NLCFN website at <http://tinyurl.com/jszxtw>

Nursing standard

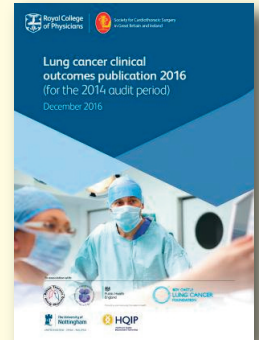
Nursing Standard publication wishes to commission some articles on end of life care. This is an excellent opportunity for NLCFN member novice writers They wish to commission 3 different articles of different lengths and different methodologies on:

1. CPD - anything that contributes to prof development of clinical nurses
2. Symptom management
3. How to (short clinical skills based articles)

If you are interested please contact us at info@nlcfn.net so that we can pass on your details

National Lung Cancer Audit Reports

The third Lung Cancer Clinical Outcomes Publication (LCCOP) covering lung cancer resections performed in the English NHS in 2014, was published on 6th December 2016.

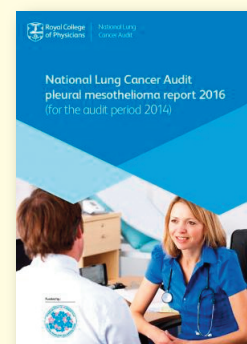


The project, commissioned by HQIP, is delivered by the National Lung Cancer Audit team with the support of the Society for Cardiothoracic Surgery.

Important changes this year include some adjustment of the survival outcomes to account for case mix, and the addition of unit-level length of stay data. National-level data on one year survival and a breakdown of the operations that were performed is also available for the first time.

There has been a 16% increase in the volume of surgery performed compared to 2013. Survival rates 30 and 90 days after surgery remain very good, with all units reporting survival rates within an acceptable range.

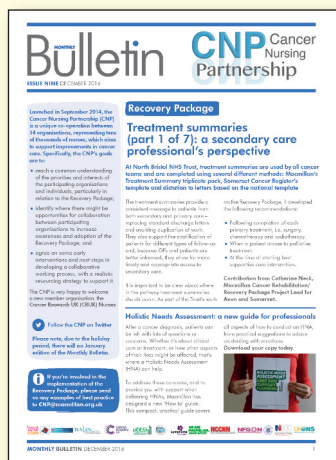
The data is available to search at clinician and unit level on both SCTS.org and NHS Choices.



The second NLCA plural mesothelioma report (for the audit period 2014), is delivered in partnership with and independently funded by Mesothelioma

UK. The report was launched at the BTS meeting on 8 December 2016. The report demonstrates improvement in the number of people diagnosed with malignant pleural mesothelioma in England surviving more than one year. However, overall survival rates remain poor with only 43% of patients still alive at one year from diagnosis.

Cancer Nursing Partnership Bulletin



The Cancer Nursing Partnership (CNP) is a partnership of key nursing organisations and communities of practice who are working collaboratively to implement improvements in cancer care. The partnership produces a regular bulletin comprising useful practical advice and information. To see the latest news Bulletin from the CNP please see <http://www.ukons.org/downloads/>

All Wales Lung Cancer Forum

It's been a busy time over recent months for conferences. All Wales Lung Cancer Annual Conference (AWLCF) in September, The National Lung Cancer Forum for Nurses Annual Conference (NLCFN) in November & The Macmillan Professional conference also in November, just last week. I thought to share an overview of AWLCF and Macmillan conferences as aware colleagues have submitted articles about NLCFN conference.

All Wales Lung Cancer Forum Annual Conference in September in Swansea; it was a wonderful conference and once again evaluated highly; even the fire alarm sounding and having to evacuate the building did not spoil the day. Although we all felt very sorry for the people outside with only a towel to cover their bathing costumes; not the most relaxing swim in the pool!

Dr R Ghosal spoke about the evolving role of the lung physician and how this now involves more investigative procedures. Dr P Shaw gave a comprehensive overview of emerging oncological treatments including immunotherapies and the challenges for all of us with service provision and management of side effects. Angharad Williams spoke about medical genetics; she managing to make a very difficult subject understandable. Circulating DNA and its use very interesting; exciting times! Could it be in the future lung cancer could be diagnosed with a blood test; what a breakthrough that would be! Other talks included Surgical Pre-habilitation by Rachel Barlow and Mr I Goldsmith covered Lung Cancer Surgery. But the highlight of the day for many (evaluations) was the final speaker Glenys Benford-Lewis from Cruise gave 'Early grief – Long Goodbye' a very moving and thought provoking talk.

I also attended the Macmillan Professionals conference last week. Several workshops highlighted ways to 'look after ourselves'; this is so important within the environment we work within. But if you are like me we are often so caught up in looking after patients and carers we forget about the impact it has on us. Mindfulness and other techniques are certainly something that I am going to take up. It was also another great opportunity to share in the innovative work happening within the UK. Congratulations to everyone who was nominated and won an award. The highlight of the conference for me was an inspiring talk given by Greg Trout. Greg is a 36 year old two time cancer survivor and founder of website and initiative '101 Things To Do When You Survive'. I encourage you all to take a look.

Carol A Davies, Macmillan Lung Cancer Specialist Nurse

Royal College of Physicians

New mesothelioma lung cancer data shows increase in 1 year survival despite regional variation in treatment

The second mesothelioma report, launched in December by RCP London, demonstrates improvement in the number of people diagnosed with malignant pleural mesothelioma (MPM) surviving for more than 1 year. Despite this improvement, overall survival rates still remain poor, with only 43% of patients still alive at one year from initial diagnosis. Funded by Mesothelioma UK, the report uses data from over 2,000 patients diagnosed with MPM in England during 2014, the largest dataset for mesothelioma in the UK.

MPM is a type of cancer that develops in the thin membrane surrounding the lungs and the inside of the chest wall, over a long period of time. Approximately 90% of cases are linked to asbestos exposure and once diagnosed often progresses rapidly.

The Lung Cancer Audit Report for Mesothelioma also highlights regional variation in the treatments and interventions received by those suffering with MPM. In general, anti-cancer treatment and use of palliative chemotherapy has increased since the previous audit in 2014, with 36.5% of all patients receiving it compared to 34% in the last audit. Use of radiotherapy for MPM appears to have reduced since the last audit and was received by 16.5% of patients compared to 29% previously. Although surgical intervention is rare, the number of procedures taking place has increased since the last audit from 2.3% to 5.2%.

It is important for a mesothelioma diagnosis to be confirmed by a laboratory pathologist to ensure individuals receive appropriate care. This process is known as pathological confirmation. The report shows high pathological confirmation rates for mesothelioma with an increase in sub-classification since the previous audit, although this remains variable across regions. This more specific information about the exact type of mesothelioma an individual has, is recommended because differences in subtypes influence prognosis and response to treatment options, and can affect eligibility for clinical trials. Recommendations in the report are aimed at trusts and relate to three key areas: process of care, treatment and outcomes.

- At least 90% of patients submitted to the audit should be discussed at an MDT meeting, ideally a mesothelioma specialist MDT
- Pathological confirmation rates should sit at a minimum of 95% and subtyping is strongly recommended
- More than 90% of patients should be seen by a lung cancer nurse specialist (LCNS) and at least 85% of patients should have a LNCS present at the time of diagnosis.
- Where appropriate patients should be offered active treatment, including palliative chemotherapy.
- High quality patient information should be available to patients in order to guide and support effective treatment decisions.
- All patients should be offered access to relevant clinical trials, regardless of geographic location

Global Lung Cancer Coalition (GLCC)

The GLCC is the international 'voice' of lung cancer patients. Established in 2001, the GLCC comprises 35 non-government patient organisations from Argentina, Australia, Brazil, Bulgaria, Canada, Denmark, Egypt, France, Germany, Ireland, Israel, Italy, Japan, Mexico, Netherlands, Norway, Portugal, Russia, Slovenia, Spain, Sweden, Switzerland, Turkey, UK and US. Membership in the Global Lung Cancer Coalition is for patient and professional organisations dedicated to dramatically improving lung cancer patient outcomes. The strength of the Global Lung Cancer Coalition rests on the commitment and influence of its members. The GLCC holds its annual meeting every year prior to the World Conference on Lung Cancer and was held in Vienna. The NLCFN has been a member now for several years and historically the Chair of the NLCFN attends the GLCC. The GLCC plans for 2017 include:

1. The Global e-Atlas

The Atlas provides data from around the globe on the following key lung cancer indicators:

- Incidence
- Mortality
- Survival
- Existence of a cancer plan
- Existence of a cancer registry
- Implementation of the WHO Framework Convention on Tobacco Control

The Atlas is a statistical resource for the global lung cancer community to use in national campaigning and research and exposes the variations both between and within countries in terms of lung cancer. It is hoped that the Atlas will encourage all nations to consider what they can do to improve the quality and consistency of lung cancer diagnosis, treatment and care.

2. The Global state of Lung Cancer Research

The GLCC commissioned the Institute of Cancer Policy, experts in the study of research systems, to examine the state of global lung cancer research to understand what research is being carried out in lung cancer, by whom, and to ascertain if and where further investment can be made. The study identified the 24 countries globally with the most extensive research programmes in lung cancer. It analysed whether research outputs had changed over time as well as the focus of the research and how close it is

to patients. The findings of the study are intended to guide public policy and highlight where improvements can and should be made.

Results: The 24 countries responsible for the majority of lung cancer research activity are: Australia, Austria, Belgium, Brazil, Canada, China (People's Republic of), Denmark, France, Germany, Greece, India, Italy, Japan, Netherlands, Norway, Poland, Taiwan, Turkey, South Korea, Spain, Sweden, Switzerland, United Kingdom, USA.

Worldwide, the number of papers published on lung cancer has more than doubled from 2,157 papers in 2004 to 4,845 in 2013.

There has only been a small increase in the proportion of global cancer research that is dedicated to lung cancer – from 4.4% in 2004 to 5.6% in 2013. By comparison, both breast and colorectal cancer account for a greater proportion of research activity, despite having a similar burden of disease. Colorectal cancer accounted for 6.2% of research activity in 2013 whereas breast cancer, at 10%, had nearly double the percentage of research activity compared to lung cancer. The topic area of medicines and biomarkers accounted for the highest proportion of research papers in 2013 with 31.5% (1,238 papers). Unfortunately palliative and supportive care and quality of life issues were the least researched category, accounting for just 0.7% and 0.3% of papers respectively (a combined total of just 42 papers in 2013). This is despite the fact that the major-

ity of patients will require supportive care given the poor survival rates in lung cancer.

Consequently the GLCC are calling all countries to

- Invest more in lung cancer research
- Increase research in aspects of care that are currently under-researched
- Collaborate with global partners to share research findings and improve patient care.

Aggarwal A, Lewison G, Idir S, *et al.* The State of Lung Cancer Research: A Global Analysis, Journal of Thoracic Oncology, available here:

<http://dx.doi.org/10.1016/j.jtho.2016.03.010>

3. Provide new fact sheets on possible lung cancer screening and stopping smoking (already have ones on Immunotherapy and Clinical Trials)
4. Update consumer polls on stigma and symptoms of lung cancer
5. Continue with the Lung Cancer Journalism award
6. Commission a new piece of research (GLCC members voted on the subject which is yet to be revealed)

MESOTHELIOMA NEWS

Mesothelioma UK is committed to supporting research into all aspects of treatment and care related to mesothelioma. Pat Stone Meso Support have donated the funds to support this year's NLCFN Research Grant. 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. For full guidance on the application process and application form please visit <https://www.nlcfn.org.uk/MesoUKGrant>. The deadline for receipt of applications is March 6th 2017



MESOTHELIOMA UK
CHARITABLE TRUST - 1126083
Supporting People With This Asbestos Cancer

Helpline: 0800 169 2409 Website: www.mesothelioma.uk.com

The British Lung Foundation

The British Lung Foundation has announced availability of new funding opportunities for 2017. Applications are invited for support of research into lung disease including mesothelioma research funding.

For full details regarding all funding streams, and to download application forms and guidelines, please see www.blf.org.uk/research-grants. Please read the accompanying guidelines before completing an application form.

Submission deadlines are 30 January 2017 and 6 February 2017.



RESEARCH NEWS

National Lung Cancer Forum for Nurses Research Interest Group (RIG)

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.

Any Forum member is welcome to attend or be on the circulation list for RIG activity. It doesn't matter whether people are research active or not. We will welcome input and ideas from any Forum member. The RIG advises members to liaise with an academic colleague to support them in making an application and conducting the project. We can signpost you to a relevant academic if you would like.

Research Activity

Research project: The NLCFN has become increasingly involved in research projects

they are leading or co-applicants on. In order to keep an active record of this activity we have started a research database. This will be a record of all live and completed projects that the Forum members are involved in. It will help us demonstrate our contribution to developing our evidence base as nurses in lung cancer

Research database: Please let the NLCFN know about any research projects you are leading or are a co-applicant on. Contact info@nlcfn.net if you wish to enter your project on the database. You will be sent a link to enter details. This will only take a few minutes of your time.

Research advice: The NLCFN RIG has been approached more for advice regarding the interpretation and application of research findings. Researchers have attended RIG meetings to discuss emerging findings of their studies in order to plan dissemination and application of findings to practice.

Angela Tod
RIG Chair

IASLC World Conference on Lung Cancer, Vienna 3-6 December 2016

This year the International Association of the Study of Lung Cancer took place in Vienna. The NLCFN maintained the impact and presence they had at the previous IASLC conferences including several abstract and poster presentations and an exhibition stand at the conference. We also arranged for a WhatsApp group so that members attending the congress could stay in touch with each other. We encourage Forum members to start planning now for IASLC 2017. It will be in Yokohama, Japan on October 15th to 18th, 2017.



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

Research grants

There are increasing opportunities for funding for small research, audit and practice development projects. These are a great opportunity of Forum members to develop and conduct a project related to their practice and that can improve care of lung cancer patients. Some current schemes are listed below:

NLCFN small grants scheme 2017

For the last few years the NLCFN has run a small grants scheme. This is to promote new, exploratory research, audit or service evaluation that will inform nursing practice and improve the quality of patient care. The intention is to support the development of research skills and experience of Forum members.

Visit <https://www.nlcfn.org.uk/smallgrants> for full details, criteria and online application

Deadline for applications is 5pm on 1 June 2017

A decision will be made by 1st August 2017

Mesothelioma UK Research Grant

For the first time Mesothelioma UK are offering grants of up to £25000 to fund a project to improve care of people with the disease. Forum members are encouraged to apply.

See <https://www.nlcfn.org.uk/MesoUKGrant> for details.
Contact info@nlcfn.net for more details

Roy Castle Lung Cancer Foundation Research Grants

The Foundation invites research applications from professional groups, such as nurses and Allied Health Professionals who are very involved in the patient experience of lung cancer. They will fund pilot studies up to £25000 and larger projects up to £75000. For more details see: <http://www.roycastle.org/how-we-help/research/research-grants>

Research Training

BIL Torch for Nursing Research Workshop. The NLCFN RIG has been working with Boehringer Ingelheim Ltd (BIL) to develop a training workshop for Nurses.

18 members of the Forum attended a two day residential research training in April 2016. This was followed by a one day TORCH Top-up Day in October. The TORCH for Nursing initiative was well evaluated. Details of the training and the evaluation was presented at the IASLC World Conference on Lung Cancer In Vienna in December 2016 and will be presented at BTOG in January 2017.

NLCFN members had priority for places on the workshop. It aimed to increase the confidence and skills of nurses working in lung cancer regarding research. BIL TORCH for Nurses provided an introduction to identifying, justifying, shaping and communicating a research question and help you to develop a greater understanding of what it means to be part of research activity. The workshop was designed to be highly interactive and enjoyable. The evaluation findings reflected this.

The NLCFN is currently planning to run TORCH for Nursing again in 2017. If you are interested please contact info@nlcfn.net for more details.

PROFESSIONAL DEVELOPMENT AND SUPPORT

LEAD (Lung Cancer Expert Achievement and Development) 25-26th November 2016



This was the second year we ran the LEAD programme. This programme covers a range of important aspects for current nursing practice and aims to help nurses gain more understanding on what's available first and second line for patients with advanced cancer; discuss challenging patient scenarios, discuss the revalidation process and offer reflective practice and further communication skills and enhance confidence in skills such as motivational interviewing and supportive care.

Seven candidates from the UK attended. Unfortunately Tom Newson-Davies was unable to join us for his session as his son was having an operation. However that didn't diminish any of the benefit of the 2 days and gave the group an opportunity to really use the time to concentrate on communication skills and reflection. The programme evaluated well and discussions are ongoing for a further course next year.

Diana Borthwick, Chair NLCFN

MEMBERS NEWS NEWS NEWS NEWS NEWS



Diana Borthwick steps down in January from the role of NLCFN chair. Diana has held this post for the last three years and will be succeeded by Vanessa Beattie who I'm sure will also do an amazing job.

On behalf of the committee members I would like to thank Diana for her commitment and tireless work on behalf of all the NLCFN members. Diana has always been an advocate of working to improve the care for all lung cancer patients and has been an active member of the International Thoracic Oncology Nursing Forum (ITONF).

Diana will remain an active member of the NLCFN and has recently been re-elected as one of the trustees of the Forum. This role is also voluntary and we are grateful that Diana is able to bring a wealth of experience as a practicing Lung Cancer CNS and previous chair of the committee to the board of trustees. We all wish her well in her new endeavours and am sure we will see Diana around at the next NLCFN conference in November.

Jackie Fenemore, Deputy Chair

NLCFN – Annual General Meeting

At the AGM on Friday 11th November Diana Borthwick and Mick Peake were re-elected as Trustees. Dodd and Co were re-appointed as accountants and independent scrutineers of the charity and the membership fee for members of the NLCFN was increased to £30.00 per annum. You can view the minute of the meeting on the NLCFN website at <https://www.nlcfn.org.uk/Documents>

Representing the NLCFN at the National Institute for Health and Care Excellence

As a committee member of the NLCFN I have had the opportunity to represent the Forum as a patient expert in a NICE committee meeting. This has involved firstly submitting lots of information to NICE regarding the drug being discussed. This is done after reading the extensive evidence submitted to NICE, and coming to some conclusions on how the drug is tolerated by patients.

The meeting was an appraisal of a drug for patients with NSCLC, who are ALK positive. This is a proposal for funding the drug from the Cancer Drugs Fund in the second line setting.

Once I submitted all the information and NICE approved me as a patient expert that I was able to attend the meeting, this was in the NICE offices in the centre of Manchester. The meeting included a large table of experts

and a chair, myself and one other as a patient expert, 1 clinical expert, and 2 people representing the drug company, also the general public could attend to listen but not to comment.

The Chair presented a power point presentation regarding the drug submission and all the supporting evidence. Everyone was invited to contribute or comment to clarify points. As a patient Expert I was asked my views regarding the use of the drug in practice.

When everybody had had an opportunity to discuss all the points appropriate the patient experts, the clinical expert and drug company and the general public were asked to leave whilst the committee discuss in private whether the proposal should be approved or declined.

Personally I found this a fascinating process, examining all the evidence and some of the discussion regarding statistics was a bit technical and slightly confusing, however I did feel I had the opportunity to represent the patient and felt my view were listened to and mattered.

Representing the NLCFN in this way is very time consuming, particularly in the papers to be submitted before the meeting, and the time to attend a meeting in Manchester, however I found it greatly rewarding and hopefully it has given us the opportunity to represent the patient in considering drug availability on the NHS.

Lesley Holland
*Macmillan Lung Cancer CNS,
 Kettering*

World Conference on Lung Cancer



I had the pleasure and the honour of representing the NLCFN at the 17th World Conference on Lung Cancer (WCLC) in the delightful city of Vienna. This conference, which is purely dedicated to lung cancer is the largest meeting of its type. The presence of a NLCFN stand was only the second time we had sponsored the WCLC and the first time when it had occurred in Europe. As a committee we wanted to understand and try to ascertain the value in having a stand presence. The stand was ideally situated and attracted much interest, the main sections were a pull-up banner and 2 posters, of which one was to advertise the 2017 NLCFN conference. We provided numerous hard copy information leaflets and documents which showcased what the NLCFN was and the key projects which we had undertaken as a professional body.

Stand set-up was on Sunday morning, Monday was the most productive day with over 25 people attending. For everyone who visited the stand and showed an interest, I asked about their role and took contact details. As follow up I emailed everyone on the list a picture of the flyer for the 2017 conference, it will be interesting to monitor the responses. Tuesday and Wednesday were far less productive and I believe the people who were interested had attended on Monday.

Josie Roberts, NLCFN Committee Member

NLCFN Travel Bursary Recipient - Sharon Savory

I had the privilege as part of the annual forum and Lilly Oncology project this year to attend the above conference and as a joint project lead present our nurse lead follow up clinical guide lines.

I have never been to an international conference before so it was amazing to see so many countries represented in one place. I found the whole conference food for thought and came back to work feeling energised and full of enthusiasm to implement some of the things I had learned at the conference such as looking at getting Occupational Therapy input for our lung cancer patients after hearing how well it worked in Oxford.

The speakers at the conference were informative and very knowledgeable. As for our presentation it went well I think!! We had some questions on the day and a colleague from Australia said she would certainly be looking at using it to set up nurse lead clinics.

It is always daunting to present especially at such a prestigious conference but we were well supported by the Forum and felt fully prepared.

I would encourage all CNS to consider the annual project when looking at their objectives for their appraisals. It has made me more confident within the wider nursing team both at work and also when I attend forum events and conferences, the networking is priceless. The bursary from forum allowed me to attend the world lung conference and took away any stress of not having the available funding locally in times of cut backs on study leave budgets.

On the whole cannot thank the committee, forum members Tricia and everyone at Red Hot Irons for all the fantastic work they do and we are truly blessed to have such a proactive group that is NLCFN.

Lung Cancer Awareness Event, Leicester 2016

In Leicester this year we decided to host our event at an indoor venue. For the last three years we have been outside in the city centre which has been freezing cold and very wet which leads to lots of soggy leaflets and not a lot of interest in our giant lungs!!

So this year we hosted our event at Loughborough University in the student Union. We were pleased to have four charities in attendance at the event; Macmillan, Roy Castle Lung Cancer Foundation, Mesothelioma UK, The Hope Foundation. We were also joined by the wonderful drivers from Roy Castle that transport the Mega Lungs everywhere.

We were in the main atrium of the building and the mega lungs soon generated interest!! We were being photographed and tweeted galore.

We spoke to lots of the students about loving their lungs and how to look after them. We gave away many pens, leaflets and flyers about the various



charities and raised awareness of the dangers of asbestos.

A highlight of the day was the children's day nursery paid us a visit and walked through the lungs and we got them all to take a deep breath and feel their lungs they loved it.

On a serious note it was a really well attended day both from students and lecturers and I think we got over the message that we all need to be aware of the signs and symptoms of lung cancer and that early recognition is key.

We have been invited back to the University next year so watch this space!!

Sharon Savory
LCNS, Glenfield Hospital, Leicester

Call for applicants for NLCFN Committee

The NLCFN committee is the main standing committee responsible ensuring the members needs are met and the charitable aims are delivered. We are currently seeking applications for a new member of the committee, to start upon appointment. If you are enthusiastic and committed to high value care for people with lung cancer and you wish to support your colleagues and peers why not consider joining the committee.

The work involves attending 4-5 committee meetings per year, the annual conference and getting involved in managing a specific area of NLCFN projects such as acting as representative of the NLCFN on another charity or board as well as contributing to the NLCFN Newsletter and other materials. You will also be required to be involved in regular email correspondence with your fellow committee members.

The work is unpaid though standard class travel expenses are reimbursed.

The committee offers a great platform to get more involved in the work of the organisation and help develop your own professional career in the lung cancer field as well as furthering the cause of high quality management and support of people with lung cancer.

Applicants must have support and approval from their line manager for attendance at committee meetings and the work of the NLCFN.

If you are interested in applying please contact us at info@nlcfn.net before 3rd February 2017

DATES FOR THE DIARY



**25th to 27th
January 2017**

BTOG 2017 Conference
Dublin, Republic of Ireland
<http://www.btog.org/annual-conference.htm>

**22nd
March 2017**

**Mesothelioma UK/BTOG –
Mesothelioma 2017 – The
Essential Update**
Wellcome Collection, Euston Road,
London
<http://www.btog.org/news.htm>

**7th-8th
April, 2017**

**PCS Global Cancer
Conference - 3rd
International Lung Cancer
Symposium (ILCS)-2017**
Theme: Decreasing Morbidity Risk,
Increasing Treatment Efficacy
Lisbon, Portugal
<http://www.pcscongress.com/ilcs2017/>

**28th
April 2017**

**New Technologies in Thoracic
Oncology Conference 2017**
London
<http://tinyurl.com/znaob3e>

**8th-9th
May 2017**

**BTOG Postgraduate Thoracic
Oncology Course**
Glenfield Hospital, Leicester
*Aimed at trainees, newly appointed
consultants, specialist registrars, specialist
nurses or allied health professionals involved
in thoracic oncology.*

**2nd-3rd
November 2017**

**NLCFN National Annual
Conference 2017**
Hilton Hotel, Newcastle Gateshead

COMMERCIAL COMPANY EVENT

20th February 2017

Cancer Survivorship Summit
Improving outcomes for people living with and beyond cancer
De Vere West One Conference Centre, London

This summit takes a practical approach to improving practice and outcomes for those living with and beyond cancer, moving from surviving to thriving. Through national updates and practical case studies the conference aims to support you to deliver on the key priorities outlined by NHS England and develop effective cancer survivorship support and services. Sarah Bengler, Living with and Beyond Cancer Programme Manager, NHS England will open the day with a national update from NHS England and will discuss delivering the quality of life metric, roll out of recovery package and stratified pathways.

For further information and to book visit <http://www.healthcareconferencesuk.co.uk/cancer-survivorship-improving-outcomes>

A **20% discount** is available by quoting hcuk20nlcfn when booking.



National Lung Cancer Forum for Nurses

Address: Unit 2, Warwick House, Kingsbury Road, Curdworth, Warwicks, B76 9EE
Telephone: 01675 477607 Website: <http://www.nlcfn.org.uk> Email: info@nlcfn.net

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