


Coversheet for Network Site Specific Group Agreed Documentation

Document Title	Clinical Management Protocol – Children’s Hepatic Tumours
Document Date	July 2010
Document Purpose	<ul style="list-style-type: none"> ▪ Modalities of treatment or available multi-centre trials ▪ The roles of the Principal Treatment Centre and Paediatric Oncology Shared Care Units and their linked services, e.g. Radiotherapy Centre, Community Teams. ▪ Indications for referral outside the catchment area where relevant. ▪ Identification of relevant MDTs
Authors	<p>Dr. Pam Kearns, Consultant Paediatric Oncologist & Solid Tumour MDT Lead, Birmingham Children’s Hospital NHS Foundation Trust</p> <p>Jeanette Hawkins, Lead Cancer Nurse, Birmingham Children’s Hospital NHS Foundation Trust</p>
References	<ol style="list-style-type: none"> 1. DH National Cancer Action Team (2008) National Cancer Peer Review Program Manual for Cancer Services 2008; Children’s Cancer Measures 2. National Institute for Health & Clinical Excellence (2005) Referral guidelines for suspected cancer: Section - Cancer in Children & Young People. 3. SIOPEL 6 (LT 2007 03) Clinical Trial ‘A multi-centre open label randomised phase III trial of the efficacy of Sodium Thiosulphate in reducing ototoxicity in patients receiving Cisplatin chemotherapy for Standard Risk Hepatoblastoma’ (Eudract number 2007-002402-21, UKCRN ID 3819)
Consultation Process	Consultation was with the Solid Tumour MDT at Birmingham Children’s Hospital (BCH), Cancer Locality Group (BCH) and the West Midlands Paediatric Oncology Supra Network Group)
Review Date (must be within three years)	July 2013
Approval Signatures: Network Site Specific Group Clinical Chair	

Version History

Version	Date	Summary of change/ process
Draft V1 & V2	15/01/2010	Draft developed Dr. Kearns & Jeanette Hawkins. Cover sheet for PBCN Documents added
V3	18/02/2010	Finalised version following discussion at BCH Oncology MDT on 29 th January 2010 and revision of late effects follow up section 18/02/10 in discussion with Dr Helen Jenkinson and Dr Dave Hobin
V4	11/03/2010	Amended version following feedback from West Midlands Paediatric Supra Network Group regarding approval mechanisms for standard treatment regimes and advice on sending radiology imaging changed to include electronic sharing of images
V5	16/03/2010	New sentence added as per italics, in response to comments from Dr Daphne Austin, Consultant in Public Health in regard to assessing the economic impact of National Treatment Guidelines which may require service developments. Clinical Trial entry or follow standard treatment according to stage as per national guidelines " <i>as approved by the MDT and the PBCN Children's Cancer Network Supra-Regional Group</i> "
v0.7	02.06.10	Amendments following Guidelines Sub Group

Approval Date of Network Site Specific Group

Date: July 2010

Approval Date of the Governance Committee

Date: July 2010

Approval Signatures

Pan Birmingham Cancer Network Governance Committee Chair

Name: Doug Wulff

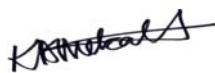


Signature:

Date: July 2010

Pan Birmingham Cancer Network Manager

Name: Karen Metcalf



Signature:

Date: July 2010

Network Site Specific Group Clinical Chair

Name: Deepak Kalra

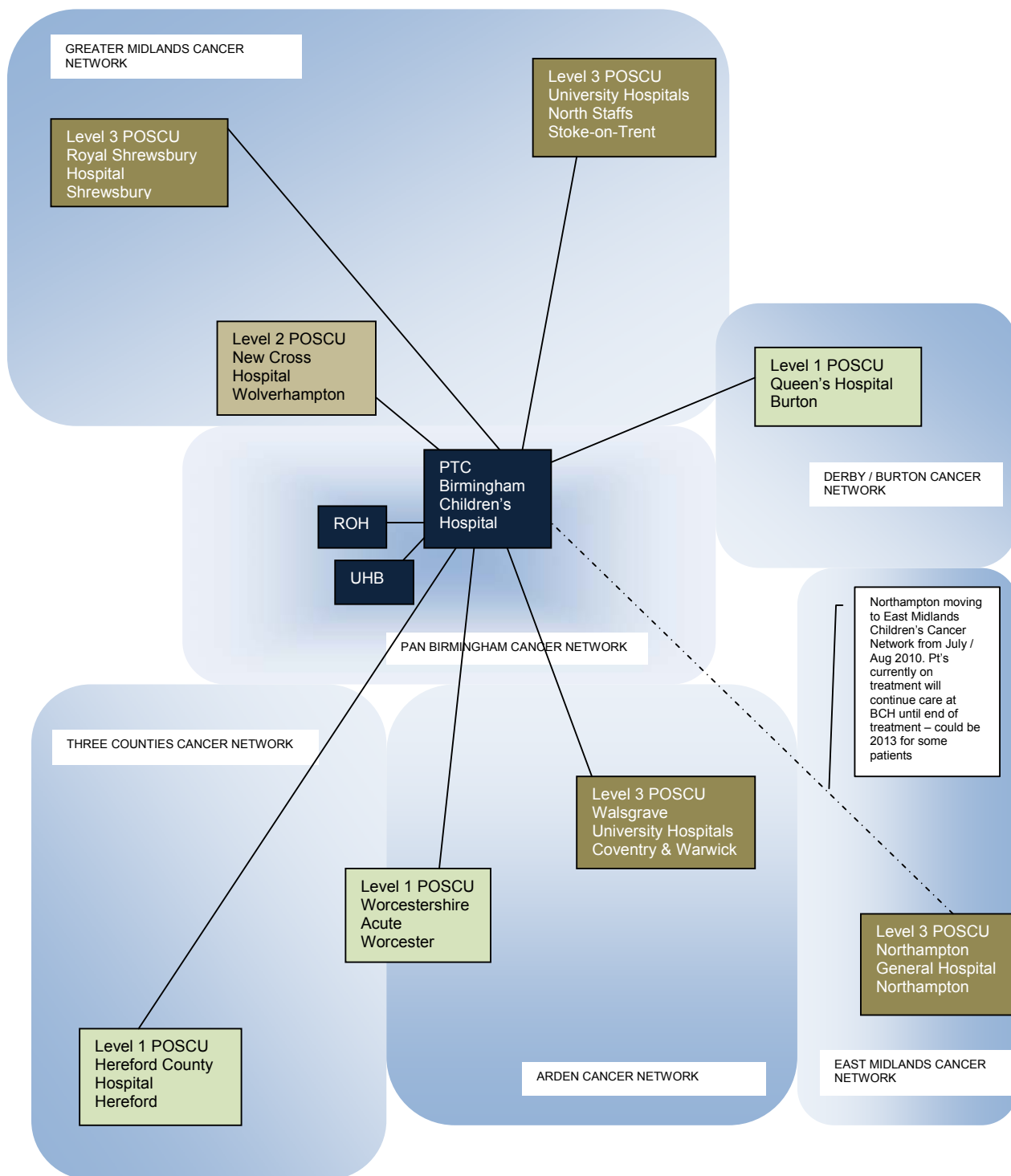


Signature:

Date: July 2010

West Midlands Paediatric Oncology Supra Network

- PTC – Principal Treatment Centre
- POSCU – Paediatric Oncology Shared Care Unit
- Levels of shared care – Specified on pages 28 to 29 National Cancer Action Team Manual for Cancer Services 2008: Children’s cancer Measures 2009
- University Hospitals Birmingham UHB - Radiotherapy and Young Adult Services
- Royal Orthopaedic Hospital ROH – Bone Tumour Service



Clinical Management Protocol: **Hepatic Tumours** [DH Quality Measure 09-7A-120]

Carers **present child / Y.P. <16yrs with symptoms** (specific and / or non-specific) to:

- GP
- Emergency Dept @ DGH, POSCU or PTC

PRIMARY CARE ASSESSMENT
Abdominal mass / asymmetry / suspicion of liver / abdominal tumour

SECONDARY CARE ASSESSMENT
Abdominal mass / asymmetry / suspicion of liver / abdominal tumour

BCH ASSESSMENT (ED / general paediatrics / surgery)
Abdominal mass / asymmetry / suspicion of Liver / abdominal tumour

Urgent Telephone Referral to Consultant Oncologist / SpR @ Principal Treatment Centre **BCH** (Preferred method of referral) 0121 333 9999

Or Urgent Cancer Referral Form (Fax) Follow up phone call with Urgent Cancer Referral fax BCH 0121 333 8241

Transfer to Principal Treatment Centre (BCH)

- Transfer to BCH for investigation / further management within 24-72 hours. Urgency advised by BCH team after discussion with referring clinician (*Refer to escalation policy*)
- Copies of previous imaging to be made available electronically or sent with patient & referral letter

Diagnostic investigations

- Further investigations performed by BCH team (includes tumour markers and biopsy if appropriate / surgical referral to BCH specialist liver team and staging)

Diagnosis of primary liver tumour excluded

Referral to other oncology pathway, referral to other specialty / surgery or refer back to referring hospital

PRIMARY HEPATIC TUMOUR DIAGNOSIS – See Detailed Care Pathway

Clinical Trial entry or follow standard treatment **according to stage** as per national guidelines as approved by the MDT and the PBCN Children's Cancer Network Supra-Regional Group

Hepatoblastoma Treatment

Where CCLG (Children's Cancer & Leukaemia Group) clinical trials are available, treat according to protocol (if eligible and if consent to trial is given). If no trial available / no consent to trial given, treat according to standard national guidelines (usually available from CCLG working groups or recommendations based on results of recently closed trials or published data).

CURRENT OPEN TRIAL
High Risk Hepatoblastoma SIOPEL 4

CURRENT TREATMENT GUIDELINE
Standard risk according to SIOPEL 3 Guidelines

Treatment plan to be discussed at MDT

- Key worker assigned
- Referral to Teenage and Young Adult Psychosocial MDT (UHB) (13-16 year olds)

Begin Treatment at BCH. Should include specialist Paediatric Liver Team at BCH

Hepatocellular Carcinoma

Treat according to guidelines in SIOPEL 3

(The team are aware of developments in Adult Hepatocellular carcinoma treatment and a conversation with the Adult Liver MDT at QEH should be considered)

Treatment plan to be discussed at MDT

- Key worker assigned
- Referral to Teenage and Young Adult Psychosocial MDT (UHB) (13-16 year olds)

Begin Treatment at BCH. May include specialist Paediatric Liver Team at BCH

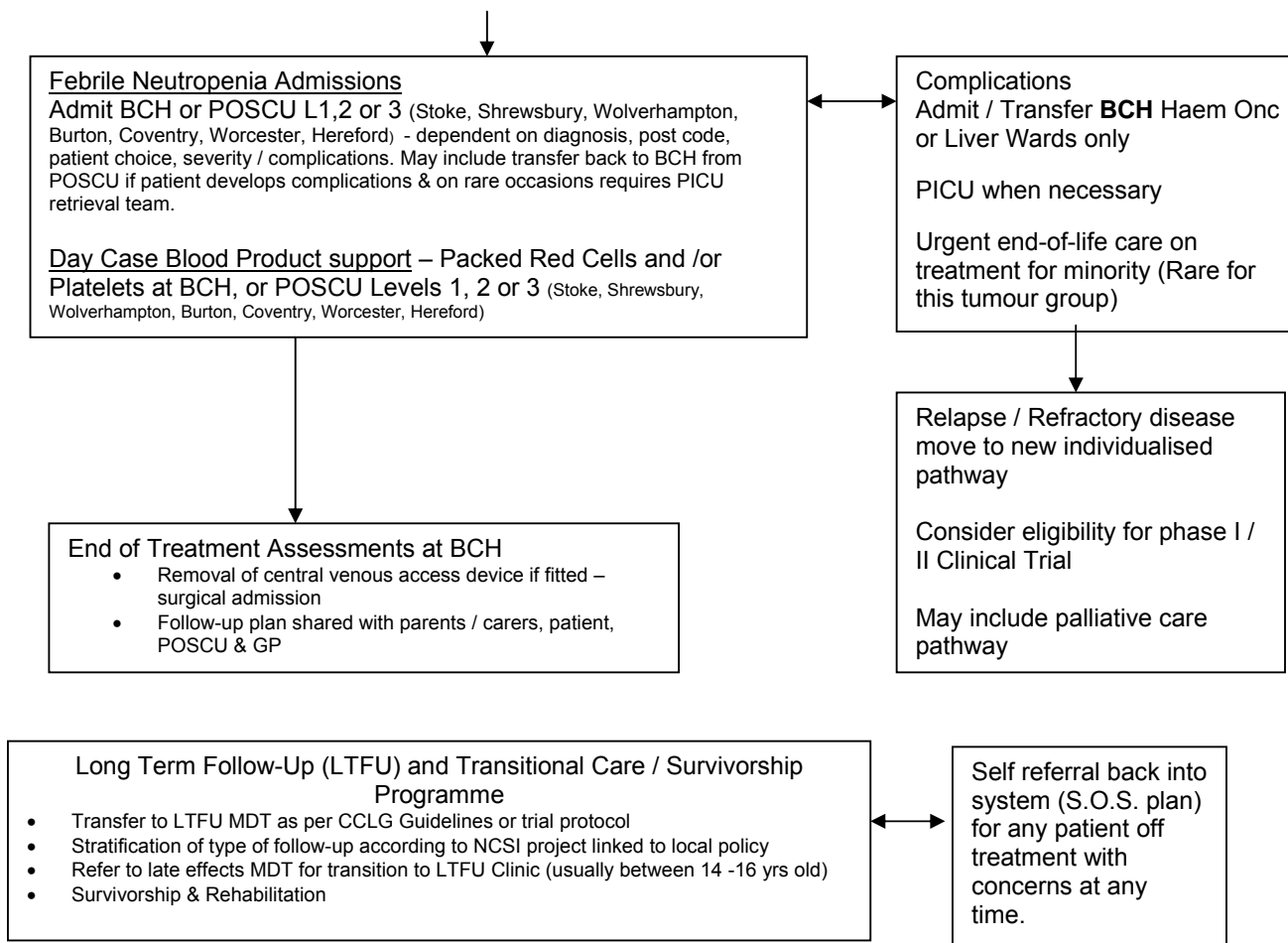
Central line / portacath insertion under anaesthetic if required. Surgical day care at BCH. Timing dependant on disease, protocol requirements and individual patient access

Chemotherapy as per SIOPEL 3 or 4 Protocol / Guidelines

In-Patient Chemotherapy BCH or POSCU Level 3 (Stoke, Shrewsbury, Coventry)

Surgery

BCH Only – referral to specialist liver team - specialist liver surgeon



Key	
BCH	Birmingham Children's Hospital
CCLG	Childhood Cancer & Leukaemia Group
LFTU	Long Term Follow-up
MDT	Multi-disciplinary team
NCSI	National Cancer Survivorship Initiative
PICU	Paediatric Intensive Care Unit
POSCU	Paediatric Oncology Shared Care Unit
ROH	Royal Orthopaedic Hospital
TYA	Teenage & Young Adult
UHB	University Hospital's Birmingham
SIOP	Société Internationale D'Oncologie Pédiatrique