


Coversheet for Network Site Specific Group Agreed Documentation

Document Title	Clinical Management Protocol – Children’s Leukaemias
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 (PTC) and Paediatric Oncology Shared Care Units (POSCU) and their linked services, e.g. Radiotherapy Centre, Community Teams. • Indications for referral outside the catchment area where relevant. • Identification of relevant MDT
Authors	<p>Mark Velangi Consultant Paediatric Haematologist & Leukaemia 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. UKALL 2003. UK national randomised trial for children and young adults with ALL. Medical Research Council (MRC) 4. Interfant-06. LK2006 10. International collaborative treatment protocol for infants under one year with ALL or biphenotypic leukaemia. Children’s Cancer and Leukaemia Group (CCLG)
Consultation Process	Consultation was undertaken through the Leukaemia 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
0.2	01.05.090	Document draft circulated for initial consultation to BCH Leukaemia MDT
0.3	15.01.10	PBCN coversheet added prior to circulating for approval at Network Group
0.4	02.03.10	Signed off at Leukaemia MDT
0.5	24.03.10	Inclusion of Paediatric Oncology Supra-Regional Network Map and minor type corrections requested by Lara Barnish and completed by Jeanette Hawkins
0.6	25.5.10	Minor / small amendments made by JH prior to submission to Clinical Governance on 2.06.10
0.7	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

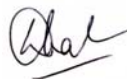


Signature:

Date: July 2010

Network Site Specific Group Clinical Chair

Name: Deepak Kalra

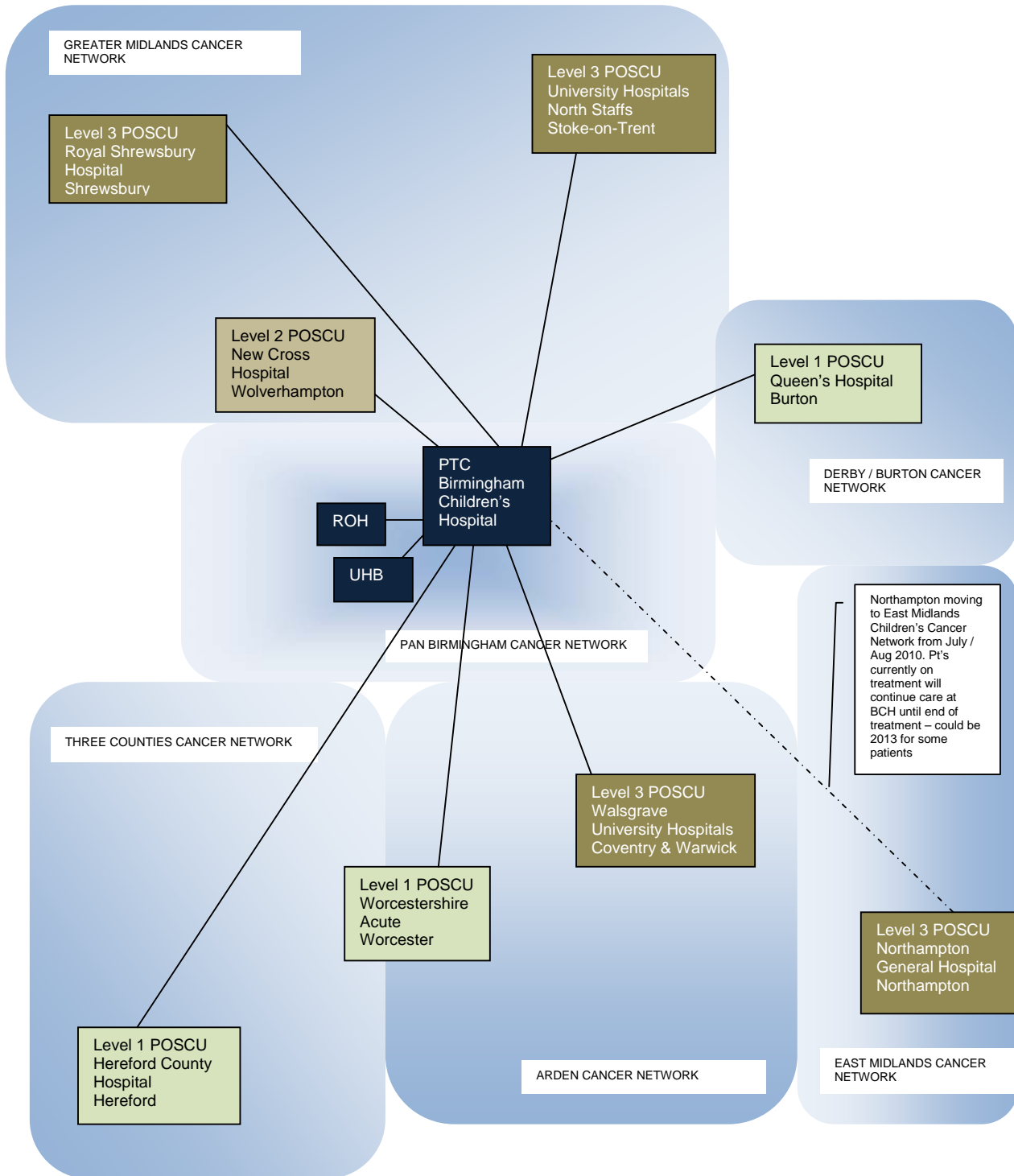


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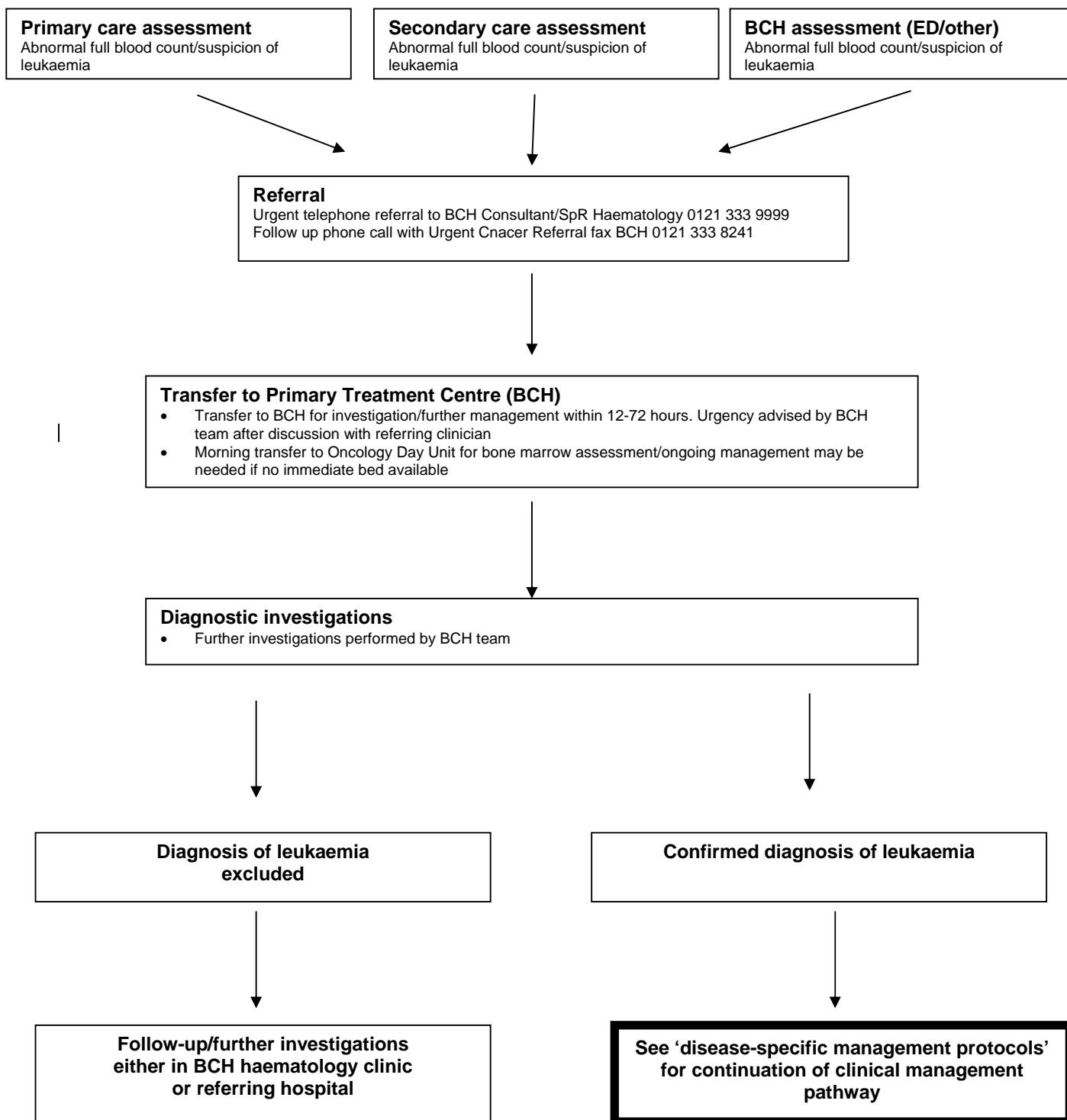
Date: July 2010

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



Generic Clinical Management Pathway: Suspected Leukaemia



Clinical Management Pathway: Acute Myeloid Leukaemia

Confirmed Diagnosis of Acute Myeloid Leukaemia (AML)

Consultation and initial management plan

- Admit/transfer to ward 15 for inpatient management and initiation of treatment
- Treatment options and trial participation discussed with consultant haematologist
- Discussion of fertility issues and referral to the Fertility Unit at Birmingham Women's Hospital (if appropriate)
- Holistic needs assessment (CNS, social worker, play therapy/youth worker, teachers, physiotherapy)
- GP/referring secondary care clinician informed of cancer diagnosis within 24 hours
- Patient/family offered written summary of consultation for diagnosis/treatment
- Patient/family offered written information
- Suitability for limited supportive care/chemotherapy in POSCU level 3 discussed

Specialist review at Haematology MDT

- Management plan agreed OR MDT-approved protocol for urgent treatment
- Trial eligibility considered
- Consider indications for BMT work-up

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

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).

Treatment response

- Reviewed in MDT
- Cytogenetic monitoring presented monthly at MDT

Further treatment

- Most cases will continue chemotherapy treatment in BCH
- Transfer to level 3 POSCU may, rarely, be considered for further management
- Ongoing consideration of need for BMT
- Consideration of need for palliative treatment if suboptimal response/relapse

Post treatment follow up

- As per patient/consultant discretion
- Dependent on disease risk classification and clinical state of patient

Survivorship

- Transfer to long term follow-up clinic
- Survivorship

Relapse

- Referral back to MDT

Clinical Management Pathway: Infant ALL

Confirmed Diagnosis of Infant Acute Lymphoblastic Leukaemia (iALL)

Consultation and initial management plan

- Admit/transfer to ward 15 for inpatient management and initiation of treatment
- Treatment options and trial participation discussed with Consultant Haematologist
- Holistic assessment (CNS, social worker, play therapy/youth worker, teacher, psychology, physiotherapy)
- GP/referring secondary care clinician informed of cancer diagnosis within 24 hours
- Patient/family offered written summary of consultation for diagnosis/treatment
- Patient/family offered written information
- Suitability for limited supportive care/chemotherapy in POSCU level 3 discussed

Specialist review at Haematology MDT

- Management plan agreed OR MDT-approved protocol for urgent treatment
- Trial eligibility considered
- Consider indications for BMT work-up

- Key worker assigned

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).

Treatment response

- Review in MDT

Further treatment

- Most cases will continue treatment in BCH
- Transfer to level 3 POSCU may, rarely, be considered for further management
- Ongoing consideration of need for BMT
- Consideration of need for palliative treatment if suboptimal response/relapse

Post treatment follow up

- As per patient/consultant discretion
- Dependent on disease risk classification and clinical state of patient

Survivorship

- Transfer to long term follow-up clinics
- Survivorship

Relapse

- Referral back to MDT

Clinical Management Pathway: Acute Lymphoblastic Leukaemia

Confirmed diagnosis of Acute Lymphoblastic Leukaemia (ALL)

Consultation and initial management plan

- Admit/transfer to ward 15 for inpatient management and initiation of treatment
- Treatment options and trial participation discussed with Consultant Haematologist
- Discussion of fertility issues and referral to Birmingham Women's Hospital (if appropriate)
- Holistic assessment (CNS, social worker, play therapy/youth worker, teacher, psychology, physiotherapy)
- GP/referring secondary care clinician informed of cancer diagnosis within 24 hours
- Patient/family offered written summary of consultation for diagnosis/treatment
- Patient/family offered written information
- Suitability for limited supportive care/chemotherapy in POSCU levels 1-3 discussed

Specialist review at Haematology MDT

- Management plan agreed OR MDT-approved protocol for urgent treatment
- Trial eligibility considered
- Consider indications for BMT work-up

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

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).

Treatment response

- Review in MDT
- MRD results presented at MDT

Further treatment

- Local Birmingham patients/families continue treatment in BCH
- Patients/families (distant from BCH) offered choice of continuation of treatment/management of complications in POSCU (if available near home)
 - Level 1 Worcester, Burton, Hereford
 - Level 2 Wolverhampton
 - Level 3 Stoke, Shrewsbury, Northampton, Coventry
- Ongoing consideration of need for BMT
- Consideration of need for palliative treatment if suboptimal response/relapse

Post treatment follow up

- As per patient/consultant discretion
- Dependent on disease risk classification and clinical state of patient

Survivorship

- Transfer to long term follow-up clinics after 3 years off treatment
- Survivorship

Relapse

- Referral back to MDT

Clinical Management Pathway: Chronic Myeloid Leukaemia

Confirmed Diagnosis of Chronic myeloid leukaemia

Consultation and initial management plan

- Admit/transfer to ward 15 for inpatient management and initiation of treatment
- Treatment options and trial participation
- Discussion of fertility issues and referral to Birmingham Women's Hospital (if appropriate)
- Holistic assessment (CNS, social worker, play therapy/youth worker, teacher, psychology, physiotherapy)
- GP/referring secondary care clinician informed of cancer diagnosis within 24 hours
- Patient/family offered written summary of consultation for diagnosis/treatment
- Patient/family offered written information
- Suitability for limited supportive care/chemotherapy in POSCU levels 1-3 discussed

Specialist review at Haematology MDT

- Management plan agreed OR MDT-approved protocol for urgent treatment
- Trial eligibility considered
- Consider indications for BMT work-up

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

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).

Treatment response

- Review in MDT
- Cytogenetic results presented monthly at MDT
- Some cases will be discussed with the CML MDT, UHB

Further treatment

- Local Birmingham patients/families continue treatment in BCH
- Patients/families (distant from BCH) offered choice of continuation of treatment/management of complications in POSCU (if available near home)
 - Level 1 Worcester, Burton, Hereford
 - Level 2 Wolverhampton
 - Level 3 Stoke, Shrewsbury, Northampton, Coventry
- Ongoing consideration of need for BMT
- Consideration of need for palliative treatment if suboptimal response/relapse

Post treatment follow up

- As per patient/consultant discretion
- Dependent on disease risk classification and clinical state of patient

Survivorship

- Transfer to long term follow-up clinics after 3 years off treatment
- Survivorship

Relapse

- Referral back to MDT

Clinical Management Pathway: “Leukaemia of Uncertain Sub-type

Specific subtype of leukaemia uncertain

Specialist review at Haematology MDT

- Diagnostic discussion
- Management plan agreed
- Trial eligibility considered
- Consider indications for BMT work-up

- Key worker assigned

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

Consultation and initial management plan

- Treatment options and trial participation
- Admit/transfer to ward 15 for inpatient management and initiation of treatment
- Holistic assessment (CNS, social worker, play therapy/youth worker, teacher, psychology, physiotherapy)
- Management plan agreed OR MDT-approved protocol for urgent treatment
- Trial eligibility considered
- Suitability for limited supportive care/chemotherapy in POSCU levels 1-3 discussed

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).

Treatment response

- Review in MDT

Further treatment

- Most cases will continue treatment in BCH
- Transfer to level 3 POSCU may, rarely, be considered for further management
- Ongoing consideration of need for BMT
- Consideration of need for palliative treatment if suboptimal response/relapse

Post treatment follow up

- As per patient/consultant discretion
- Dependent on disease risk classification and clinical state of patient

Survivorship

- Transfer to long term follow-up clinics
- Survivorship

Relapse

- Referral back to MDT