

# Anglian Germ Cell Cancer Collaborative Group (AGCCCG)

## Supranetwork Multidisciplinary Team (SMDT)

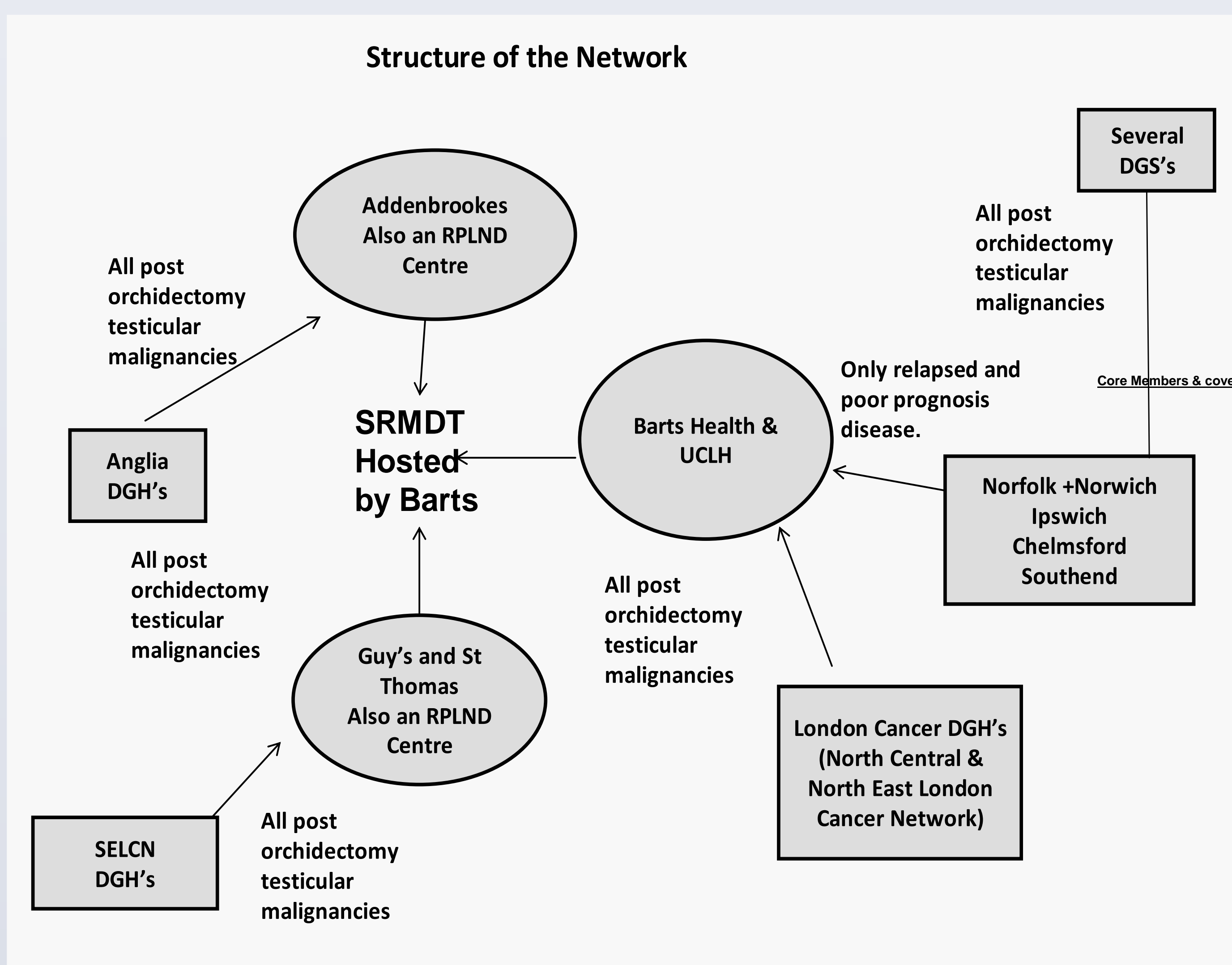
Michelle Greenwood and Shievon Smith Urology-Oncology Clinical Nurse Specialists.

St Bartholomew's Hospital, Barts Health NHS Trust

### Who makes up the SMDT?

The members of the Anglian Germ Cell Multidisciplinary team (MDT) are St Bartholomew's (Barts), University College Hospital London (UCLH), Guys and St Thomas (Guys), Addenbrookes, Ipswich, Norfolk and Norwich, Southend, Basildon, Colchester and several smaller hospitals that feed into these larger centres (For example North Middlesex, Barnet, Kings Lynn, and more). The Network covers a population of over 7 Million people. The SMDT is chaired by Dr Jonathan Shamash and comprises of Core members including a Consultant Radiologist and a Consultant Pathologist at both Barts and Addenbrookes sites. There are Surgeons in attendance from Addenbrookes and Guys who are the Retroperitoneal Lymph Node Dissection (RPLND) surgical centres.

The rest of the team includes Consultant Medical Oncologists, Registrars, MDT Co-Ordinators and Clinical Nurse Specialists.



### SMDT Core Members and Cover

Name	Speciality	Cover	Trust
Dr Jonathan Shamash	Consultant Medical Oncologist (Lead Clinician)	Dr Alifrangis	Barts Health
Michelle Greenwood	Macmillan Urology Nurse Specialist	Shievon Smith	Barts Health
Dr Anju Sahdev	Consultant Radiologist	Dr Tang / Dr Cindy Leung	Barts Health
Dr Yen Zhi Tang	Consultant Radiologist	Dr Sahdev / Dr Hameeduddin	Barts Health
Dr Ayesha Hameeduddin	Consultant Radiologist	Dr Sahdev / Dr Tang	Barts Health
Prof Dan Berney	Consultant Histopathologist	Dr Luis Beltran	Barts Health
Sam Tall	SMDT Coordinator	James Monahan	Barts Health
Dr Sarah Rudman	Consultant Medical Oncologist	Dr D Enting Dr D Joseph	Guys and St Thomas'
Mr Tim O'Brien	Consultant Urological Surgeon	Ms A Fernando	Guys and St Thomas'
Lesley Cooper	Clinical Nurse Specialist	Selina Banfield	Guys and St Thomas'
Dr Costi Alifrangis	Consultant Medical Oncologist	Dr Jonathan Shamash	UCLH @ Barts
Mr James Armitage	Consultant Urological Surgeon	Mr Antony Riddick	Addenbrookes
Dr Danish Mazhar	Consultant Medical Oncologist	Dr Wong	Addenbrookes
Linda Bavister	Nurse Practitioner for Testis Cancer	Bernadette Sowden	Addenbrookes
Dr Warren	Consultant Pathologist	Prof Dan Berney	Addenbrookes
Dr Tristan Barrett	Consultant Radiologist	Dr Evis Sala, Dr Alabaster	Addenbrookes
Dr Brendan Koo	Consultant Radiologist	Dr Nadeem Shaida	Addenbrookes
Dr Susanna Alexander	Consultant Medical Oncologist	Dr Robert Wade	Norfolk & Norwich

### How does it work in practice?

**Addenbrookes team:** treat all newly diagnosed patients of all stages and prognostic group. When there has been a trial at Bart's for those with poor prognosis patients, they have referred if agreed at SMDT and patient is willing. They also send those with relapsed disease to Barts for intensive treatments including high dose chemotherapy with peripheral blood stem cell harvest (HD with PBSCH) The surgical team at Addenbrookes perform the RPLND's there.

**Barts and UCLH at Barts team:** treat all stages from local network and accept referrals for relapsed disease from other networks outside the SMDT. Patients having HD chemotherapy and PBSCH are managed on the same chemotherapy ward as those having standard chemotherapy as the ward staff have expertise in managing unwell patients. All patients having high dose chemotherapy with PBSCH are in addition discussed at the Transplant MDT at Barts and the outcome of therapy information is subsequently collected for the European Society for Blood and Marrow Transplant (EBMT) database. All young men in 19-24 age group are discussed in addition at the Teenage and Young Adult (TYA) MDT jointly with UCLH. Anyone under 19 would be treated at the specialist TYA unit at UCLH

**Basildon, Broomfield, Colchester, Ipswich, Norfolk & Norwich and Southend teams:** treat patients with Stage I disease and good prognosis metastatic disease and refer all others to Barts.

**Guys team:** treat all newly diagnosed patients of all stages and prognostic group. When there has been a trial at Barts for patients with poor prognosis, they have referred if agreed at SMDT and patient is willing. They also send those with relapsed disease to Barts for intensive treatments including high dose chemotherapy with peripheral blood stem cell harvest (HD with PBSCH). The surgical team at Guys perform the RPLND's there.

All decisions regarding treatment type and location of treatment delivery are made at the SMDT meetings and this may be dependent on availability and suitability of high dose chemotherapy and clinical trials.

### Aim Of The SMDT

The aim of the Specialist MDT is to ensure the highest standard of care for testicular cancer patients and has contributed to improvement in outcomes and the refining of treatments for patients with Germ Cell Tumours<sup>1</sup>. The SMDT is ground-breaking in that it also discusses Female Germ Cell Tumours and the TYA patients under the UCLH Paediatric and Adolescent team

### REFERENCES AND ACKNOWLEDGEMENTS

*The impact of a supranetwork multidisciplinary team (SMDT) on decision-making in testicular cancers: a 10-year overview of the Anglian Germ Cell Cancer Collaborative Group (AGCCCG)* Jonathan Shamash<sup>1</sup>, Wendy Ansell<sup>1</sup>, Constantine Alifrangis<sup>1,2</sup>, Benjamin Thomas<sup>3</sup>, Peter Wilson<sup>1</sup>, Sara Stoneham<sup>2</sup>, Danish Mazhar<sup>3</sup>, Anne Warren<sup>3</sup>, Tristan Barrett<sup>3</sup>, Susanna Alexander<sup>4</sup>, Sarah Rudman<sup>5</sup>, Michelle Lockley<sup>6</sup>, Daniel Berney<sup>1</sup> and Anju Sahdev<sup>1</sup> British Journal of Cancer <https://doi.org/10.1038/s41416-020-01075-1>

Thank You to all of the Network members