



Association of Coloproctology of Great Britain and Ireland
Cancer Subcommittee of the Multidisciplinary Clinical Committee (MCC)

Terms of reference

Purpose

Provision of cancer services as part of a multidisciplinary team is a core activity of most colorectal surgeons and a critical element of training. Competency in the management of colorectal cancer is determined by easily measured indicators, and the Association has a long history of supporting and promoting excellence in this field. The management of colorectal cancer is increasing in complexity with more treatment options and the potential for personalising these for our patients. It is vital that we offer this wider choice to patients, be this access to supra-radical surgery, organ preservation or ensuring equitable access to novel therapies. The focus of this sub-committee will be colorectal cancer and precancerous lesions, but will also consider gastrointestinal stromal tumours (GIST), neuroendocrine tumours (NET) and precursor lesions and cancer of the anus.

Interactions

The subcommittee reports to the ACPGBI council and Executive through the Chair of the MCC. Other interactions include:

- Association of Coloproctology Nurses (ACPN)
- Robotic subcommittee, Advanced Malignancy subcommittee, Peritoneal Malignancy Cancer subcommittee, Emergency General Surgery subcommittee, Colonoscopy subcommittee.
- Charities and patient support groups
- Commissioning bodies
- Industry
- Dukes' Club
- Other committees as required as ex-officio members (R+A, External affairs, E+T)
- Early Years Consultant Network (EYCN)

Objectives

- Understand and reduce unwarranted variation in the care of patients with colorectal cancer, with reference to equality of access and equitable outcomes.
- Improving the use of technology across the patient pathway, be this patient selection and consent, optimising the operating environment and improving long term assessment and management of our patients after surgery.
- Support the provision of information and education for patients and clinicians in relation to colorectal neoplasia.
- Promotion and engagement in research opportunities.
- Contributing to the ACPGBI's position over subspecialisation in some areas of practice.

Membership

- The ordinary membership of ACPCBI will be invited to apply for 6 positions on this subgroup. The applicants will be elected by Council following submission of an abridged CV in the event of more than 6 applications. Three year terms are encouraged to ensure continuity. Members may apply for a second term of 3 years, subject to successful re-election.
- A Chair will be appointed from among the successful elected members of the Subcommittee by the sub-committee.
- A patient representative will be nominated by the Patient Liaison Group.
- A trainee representative will be appointed by the Dukes Club.
- A SAS doctor will be appointed.
- Other co-opted members will be recruited as required.

Meetings

- Meetings will be held quarterly, with at least one face-to-face meeting at the annual meeting of the ACPGBI and ideally a second face-to face "winter" meeting. Additional interval meetings may be required but it is anticipated most work will be undertaken by email and shared documents.
- The agenda will be coordinated by the chair, who will be responsible for the minutes that will be subsequently submitted to the Chair of the MCC and ACPGBI Council.
- The Chair of the subcommittee may be required to present their activities to Council and/or Executive on occasion, either in person or by videoconference.

Reimbursement of expenses

- The ACPGBI will reimburse reasonable day travel expenses and second-class rail fares. Overnight
- accommodation and subsistence will be covered if required and agreed in advance. Attendance at
- the Annual Meeting is a personal expense.