Best practice in lung cancer care:
Lung cancer demonstration project

Lung Summit
14th November 2014

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General Manager, Service Development and Clinical Practice
Building the foundation
Building the foundation

Outputs

Clinical practice guidance

Educational resources to support primary care interventions

National data set for lung cancer

Evidence based informed by research into lung cancer risk factors, stigma and nihilism, mapping of lung cancer services across Australia

Culturally appropriate training, information and support for Aboriginal and Torres Strait Islander communities, consumers and health workers
Evidence into practice
Driving change in service delivery
Cancer Australia’s lung cancer funding

- **2009-2013**
  - $6.83 million of funding over four years (2009-10 to 2012-13) for the *Improved Lung Cancer Data and Treatment Guidelines* program

- **2013–2017**
  - $5.938 million ongoing funding over four years (2013-14 to 2016-17) for the *Improving lung cancer outcomes – continuation* program

- **2012-2015 – time limited**
  - $0.851 million committed over three years (2012-13 to 2014-15) for the *Supporting Aboriginal and Torres Strait Islander People with Lung Cancer and their Communities* grant
Best practice approaches - context

AIM: Gather best available evidence through literature and consultation

- **Review of published literature**
- **National map**
  - ~191 services providing lung cancer care
  - ~63 lung cancer MDTs
- **Site consultations**
  - Telephone interviews (n = 35)
  - Site visits (n=8)
- **Consumer consultation**
  - National electronic survey (n = 41)
  - Patient interviews (n = 12)
- **Consensus workshop May 2013**
  - A national set of Principles
Key findings

Best practice approaches

- Patterns of care literature – variation & gaps identified
- Models of care literature - key themes identified & tested
- Core themes:
  - Patient-centred care
  - Multi-disciplinary care
  - Co-ordination of care
  - Quality of care across the cancer journey
Key findings

Best practice approaches

- Lung specific findings: based on the patient experience
- All cancer-related findings
- System related findings
Key issues and challenges

- High cost and increasing complexity of lung cancer care
  - Burden of disease
  - New technologies

- Variations in lung cancer care and cancer outcomes
  - Clinical outcomes supported by data
  - Stigma, high levels of unmet patient need

- Engagement with primary care
  - Low volume, competing demands
  - Address barriers to best practice investigation of symptoms
Principles for optimal lung cancer care in Australia

Principle 1: Patient-centred care
The patient with lung cancer and their carer(s) are the focus of best practice lung cancer care.

Principle 2: Timely access to evidence-based pathways of care
Best practice pathways are in place to support timely diagnosis and staging of lung cancer; and appropriate treatment, supportive, follow-up and palliative care are in place.

Principle 3: Multidisciplinary care
Multidisciplinary care is the standard of care for all lung cancer patients.

Principle 4: Coordination, communication and continuity of care
All relevant health professionals, including GPs, provide coordinated delivery of care across the lung cancer continuum of care.

Principle 5: Data-driven improvements in lung cancer care
Lung cancer data are collected, monitored and reviewed regularly to support continuous improvement in the delivery of best practice lung cancer care.
Lung cancer demonstration project
Best practice approaches to lung cancer treatment and care

Objective
- Demonstrate the delivery of lung cancer care according to the Principles
- Identify key factors contributing to ongoing delivery of best practice lung cancer care

Approach
- Collaborations invited to demonstrate best practice lung cancer care in line with the Principles
- Collaborations demonstrate leadership, excellence and innovation in the delivery of best practice care
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WA Cancer & Palliative Care Network

Metro North Hospital & Health Service Network

Sydney Local Health District

Southern Tasmania Collaboration

Australian Government Cancer Australia
Lung cancer demonstration project

Approach to implementation

- Staged project roll-out
- Self-assessment tool to guide planning
- Project & implementation planning planning templates
- Submission of project plans by each of the collaborations
- Start-up kit – draft resources to support
- IT portal for information sharing
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Approach to evaluation

- assess the feasibility of new approaches to care within a ‘real world’ context
- To assess if Collaborations were able to deliver care in line with the Principles
- And if so, then how Collaborations were able to deliver care in line with the Principles
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Key evaluation questions

- How can Collaborations achieve the outcomes of best practice lung cancer care in line with the Principles for best practice management of lung cancer in Australia?
- What are the processes and systems required to deliver care in line with the Principles?
- What factors affect the sustainability of delivering best practice lung cancer treatment and care?
Lung cancer demonstration project

**Outcome:**
- Increased uptake of best practice approaches to inform a nationally consistent approach to lung cancer care

**Impact:**
- Innovation in approaches to support best practice delivery of lung cancer care
Next steps

► Finalising evaluation
  – Measures
  – Data collection instruments
  – Testing data collection
► Build supporting resources
  – IT portal
► Moving forward with implementation
Resources

Best practice approaches to lung cancer care
A review of the literature

Best practice approaches to the management of lung cancer in Australia
Final report
Resources

Investigating symptoms of lung cancer: a guide for GPs

<table>
<thead>
<tr>
<th>Symptoms and signs</th>
<th>Urgent referral</th>
<th>Immediate referral</th>
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</thead>
<tbody>
<tr>
<td>Unexplained hemoptysis</td>
<td>Any of the following are unexplained persistent symptoms and occur lasting more than 3 weeks (either alone or in combination with factors including):</td>
<td>Patient has hemoptysis</td>
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<tr>
<td>- Hoarse, throat, voice, or swallowing difficulty</td>
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<tr>
<td>- Persistent cough</td>
<td>Patient has hemoptysis</td>
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<td>- Pain in the chest</td>
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<td>- Weight loss, fat or fluid</td>
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<tr>
<td>- Night sweats, fever, or fatigue</td>
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<td>- Shortness of breath</td>
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<tr>
<td>- Anorexia, weight loss</td>
<td></td>
<td></td>
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<tr>
<td>- Fever</td>
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</tbody>
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Clinical practice guidelines for the treatment of lung cancer

Contents

Forward

Summary of recommendations (Prescribed version)

Non small-cell lung cancer

Stage 1 operable

Surgery

- Complete resection with negative margins is the standard of care for stage I NSCLC.

- The role of neoadjuvant chemotherapy is not well established, but it may be considered in high-risk patients.

- Adjuvant chemotherapy is recommended for patients with high-risk features or poor prognosis.

Stage 2-4 operable

Surgery

- Complete resection with negative margins is the standard of care for stage II-IV NSCLC.

- The role of neoadjuvant chemotherapy is not well established, but it may be considered in high-risk patients.

- Adjuvant chemotherapy is recommended for patients with high-risk features or poor prognosis.
Education

OUR LUNGS
OUR MOB
Community Education Resource

Lung cancer awareness workshop for Aboriginal and Torres Strait Islander communities
Cancer Australia Strategic Goals 2014-2019

- Shape national cancer control in Australia
- Improve cancer outcomes
- Inform effective and sustainable cancer care
- Strengthen capability for national cancer control
The vision of Cancer Australia is to reduce the impact of cancer and improve the wellbeing of people affected by cancer in Australia.

www.canceraustralia.gov.au