

Lymphoma Summit 2015 Summary Report

The lymphoma summit united leading clinicians to identify opportunities to improve outcomes and care for Victorian lymphoma patients.

This was third in a series of tumour specific forums aiming to engage clinicians in shaping the state cancer reform agenda. Over 65 multidisciplinary clinicians attended the summit including representatives from the Department of Health and Human Services (DHHS), Cancer Council Victoria (CCV) and Victorian Integrated Cancer Services (VICS). Ms Kathryn Whitfield, Acting Manager, Cancer



Strategy Development, DHHS opened the event, highlighting the importance of improving cancer services for the people of Victoria. Kathryn emphasised the importance of working in partnership with clinicians and health service providers to help drive cancer reform.

Kathryn introduced the [Optimal Care Pathway](#) (OCP) for people with hodgkin lymphoma and diffuse large B-cell lymphoma, published in June 2015. The pathway developed by clinicians, maps the patient journey, and the distinct components that support quality care and enhance patient experience.

Prof Jeff Szer, Director of West and Central Melbourne ICS, set the scene and outlined the purpose of the day.

Jeff highlighted that with the approaching 10th anniversary of the formation of the Integrated Cancer Services, the summit provided an opportune time for clinicians to come together and identify opportunities for improvement as well as identify areas participants can influence and action, based on individual sphere of influence.

A/Prof Stephen Opat, Chair of the Lymphoma Summit Working Party, presented available data laying the foundation for interactive group discussion. The data was collated using the linked Victorian Cancer Registry (VCR) and hospital data set, Victorian Radiotherapy Minimum Dataset and the DHHS Cancer Performance Indicator Audit.

The aim of the presented data was not to then conclusive answers about lymphoma care across Victoria but provide a unique opportunity for clinicians to consider a state-wide perspective of lymphoma care and form a basis for broader discussion.



Following the data presentation, Dr Michael Gilbertson summarised a survey he and colleagues conducted. Clinicians across Australia participated in a survey about understanding the differences to staging and treatment approaches for patients with diffuse large B-cell lymphoma.

Clinicians then engaged in small group discussion identifying opportunities for improvement .

Summary of actions

Optimising recruitment to lymphoma clinical trials:

- 2013 data demonstrated; 7%(exclusive) lymphoma clinical trial enrolment rate.
- Identified need to improve access and recruitment to trials.

Next step: A/Prof Stephen Opat and Prof Jeff Szer to form a small committee to look at mechanisms for increasing awareness and access to clinical trials.

Facilitate better understanding of the Victorian Cancer Registry data capture framework:

- Review data reporting and coding of Victorian haematology cases
- Consider establishing advisory group to work with VCR

Next step: Lymphoma summit working party to meet with VCR representatives and explore further.

Promote consistent standards and effectiveness of multidisciplinary teams and meetings:

- Potential for linkages to hospital accreditation and MDM KPIs.
- Potential to link MDM participation to clinician job descriptions.
- Opportunity exists to support regional and metro alliances providing mentorship and networking opportunities.

Work towards a system approach to transitioning adolescent and young adult cancer population into adult care settings:

Recognising that the adolescent and young adult population requires support and guidance as they transition into adult care settings.

Promote systematic and equitable access to supportive care interventions and services:

Participants highlighted the importance of early identification and management of supportive care interventions for lymphoma patients and their support networks. Summit participants recognised the opportunity for qualitative research to be undertaken in this area.

Some of the identified opportunities for improvement align with existing ICS initiatives such as quality of multidisciplinary meetings and supportive care practices.

In total, 67% (45/67) of attendees completed an evaluation form. Respondents (43/45) felt the lymphoma summit raised relevant and interesting issues related to improving lymphoma care. Furthermore, clinicians felt the summit gave them an opportunity to contribute their ideas and opinions.

The lymphoma summit Working Party has continued to meet post summit driving actions forward. In July, the Working Party will be meeting with Helen Farrugia (Director, VCR) and Dr Patrick Hosking (Head of Anatomical Pathology, Eastern Health) to further discuss the VCR data capture framework and explore processes and opportunities to improve data collection.

The Working Party is finalising post summit recommendations to be presented to the VICS Network Group.

