

Oesophagogastric Cancer Summit Update

July 2016

Oesophagogastric Cancer Summit
Friday 26th August 9am-1pm
RACV Club Melbourne
[Register now](#)

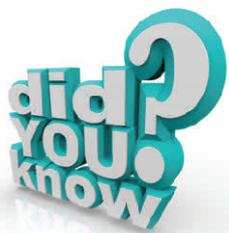
Working Party

The working party for the oesophagogastric (OG) summit, co-chaired by Ahmad Aly and Paul Cashin, comprises respected clinical leaders and clinical representatives from each of the ICS. The working party members are guiding the event planning and overseeing data analysis in preparation for the summit.

After the summit, the working party will continue their involvement as change agents and clinical champions in driving post summit action. Smaller, task focused working parties may be formed to undertake specific pieces of agreed work.

Data analysis

Data sources used for this summit include the Victorian Cancer Registry (VCR), the Victorian Admitted Episode Dataset (VAED) and the Victorian Radiotherapy Minimum Dataset (VRMDS). Relevant data analyses will be made available to each ICS to assist them in targeting variations at a local health service level.



The Victorian cancer registry tells us that 5 year survival for oesophagogastric cancer is less than 30%

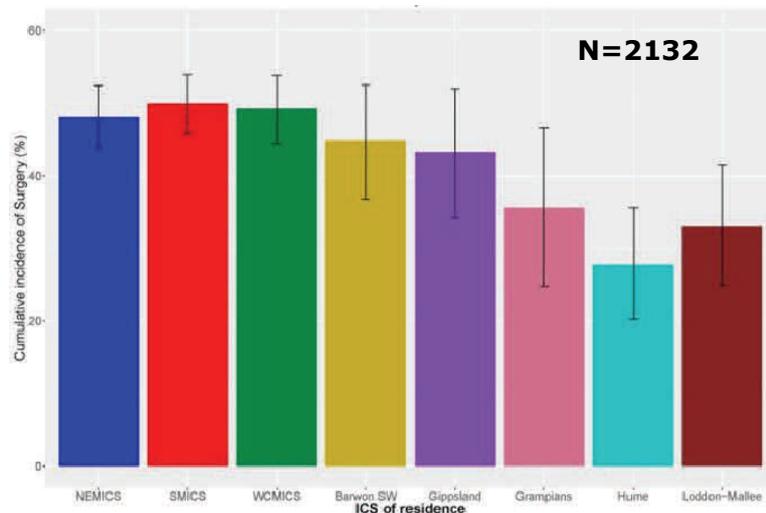
[Source: Cancer in Victoria: Statistics and Trends 2014](#)

Clinical questions

The working party identified the following three areas for data analysis:

1. MDM access — the proportion of newly diagnosed OG cancer patients with MDM treatment planning
2. Patterns of care — including types of treatment for OG cancer by ICS
3. Outcomes — incidence, mortality, survival compared across Victoria

Surgery within 1 year of non-metastatic stomach cancer diagnosis (2008-2013)



The Victorian Tumour Summits are opportunities to scale up innovation and clinician engagement in the cancer reform agenda and support consistent implementation of the diagnosis and treatment sections of the Optimal Care Pathways.

The summits' format

- **Data presentation** – showcasing multi-disciplinary clinical practice and clinical outcomes across the state
- **Facilitated group discussion** – an opportunity to identifying important variations in care and outcomes
- **Agreement** on priority areas for improvement – attendees agree on where variation exists and which ones are most important to address

Summit recommendations

Individual ICS play an important role in implementing summits' recommendations including:

1. Communication with partners and multi-disciplinary teams
2. Local coordination of data and activities that contribute to the overall action plan

Have a question? Please contact [Amy Sutherland](#)