Oesophagogastric Summit Newsletter

March 2017

Recap

The Oesophagogastric (OG) Cancer Summit was held in Melbourne on August 25 2016, gathering 80 multi-disciplinary clinicians from across Victoria to identify practical and achievable actions that could have a positive impact on patient outcomes.

Missed out on attending the summit?
Read the summary report.

Based on summit discussion, the clinical working party put forward the following long-term goals for collective action:

1. Multidisciplinary meeting (MDM) capture rate to be increased from 70% to 100% by 2020
2. Time from diagnosis to treatment should be within the 28 days as outlined in the Optimal Care Pathway
3. Improve 5-year survival for regional OG cancer patients towards alignment with the rates of survival in metropolitan areas

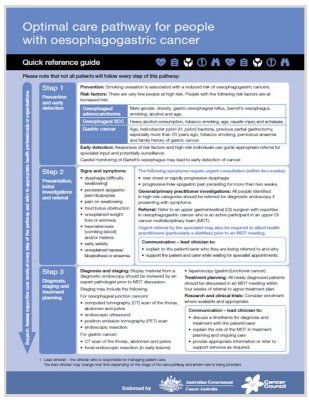
These goals align with the aspirations of the Victorian Cancer Plan 2016-2020 to further improve the 5-year survival of Victorians with cancer, achieve equitable outcomes, ensure timely access to optimal treatment and support a system of integration to deliver Optimal Care Pathways.

What are the Optimal Care Pathways?

The Optimal Care Pathways provide a common understanding of what care is to be expected at different points of the cancer journey. The pathways are part of the national commitment to delivering consistent and optimal cancer care.

What do we do with Optimal Care Pathways?

In Victoria all care providers are expected to use the pathways as a standard against which to evaluate the way their cancer services are organised. In Victoria, Integrated Cancer Services are coordinating a state-wide approach to the adoption of the pathways in their health services. For more information on activities contact your ICS.



Oesophagogastric Cancer OCP

Where do we start?

Understanding the current state by investigating:

- What types of patients are missing out on treatment planning in an MDM and why.
- The timeliness of care for OG cancers at local health services and whether this is in line with the OG Optimal Care Pathway.
- Observed variations in the utilisation of treatment and poorer 5-year survival in some regions of Victoria.

Progress to date

✓ Interviewed 15 multidisciplinary clinicians including upper gastrointestinal (UGI) surgeons, medical oncologists, radiation oncologists, gastroenterologists, and one clinical nurse specialist about which patients are more likely to have an MDM and vice versa.

✓ Designing an audit of all Victorian OG cases diagnosed between January 1 and June 31 2016 who were admitted to Victorian public health services to understand the characteristics of patients not reviewed at MDM.

Interviews with UGI clinicians

Victorian OG cancer clinicians have provided an insight into the characteristics of patients who may not have an MDM discussion. Common themes emerged in these interviews:

In the context of increasingly busy MDMs often covering multiple tumour types, patients with metastatic disease are less likely to have an MDM discussion.

Patients with metastatic disease following a treatment protocol (eg chemotherapy) may not always have their treatment planned in an MDM.

Patients who are unfit for surgery or have unresectable disease are also less likely to have an MDM discussion particularly if MDM time is limited.

Where patients receive their treatment within the private sector, discussion may be less likely to occur where referral pathways between private clinicians are well established.

Victorian Integrated Cancer Services

Cancer Council Victoria

VICTORIA State Government

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Interviews with UGI clinicians continued…

Patients with resectable disease appear to be the most likely to be discussed in an MDM as referral pathways from surgeons into an MDM are well established. Some clinicians expressed a commitment to discussing all OG cancer patients:

> *"Ideally every patient would be discussed - there are other benefits, for example consideration for clinical trials, also discussion regarding social issues."*
>
> - Medical Oncologist

Did You Know?

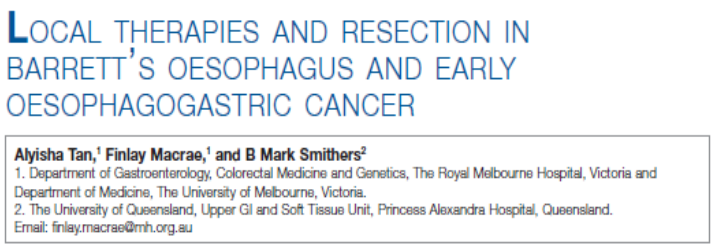
Across the state there are 17 known UGI MDMs (including 2 private) with many covering more than one tumour stream.

The increasing involvement of gastroenterology in UGI MDMs may become a welcome trend. Gastroenterologists highlighted the benefit of discussing patients with Barrett's oesophagus with high grade dysplasia and more advanced oesophageal lesions. Up to 50% patients with this disease will progress to malignancy.

Interventional endoscopic procedures

Interventional endoscopic procedures such as radiofrequency ablation and endoscopic mucosal resection are increasingly being considered as treatment for Barrett's with high grade dysplasia or non invasive early lesions.

Tan, Macrae and Smithers (2011) suggest that the decision to proceed with endoscopic therapy should be made in a collaborative environment including an interventional endoscopist and oesophageal surgeon. Treatment planning via MDM for patients with Barrett's oesophagus with high grade dysplasia is supported by the Optimal Care Pathway for people with OG cancer.[2]



LOCAL THERAPIES AND RESECTION IN BARRETT'S OESOPHAGUS AND EARLY OESOPHAGOGASTRIC CANCER

Alyisha Tan,[1] Finlay Macrae,[1] and B Mark Smithers[2]
1. Department of Gastroenterology, Colorectal Medicine and Genetics, The Royal Melbourne Hospital, Victoria and Department of Medicine, The University of Melbourne, Victoria.
2. The University of Queensland, Upper GI and Soft Tissue Unit, Princess Alexandra Hospital, Queensland.
Email: finlay.macrae@mh.org.au

[1] *Tan A, Macrae F, Smithers M. Local therapies and resection in Barrett's oesophagus and early oesophagogastric cancer. Cancer Forum, 2011, 35 (3)*

[2] *Department of Health. Optimal cancer care for people with oesophagogastric cancer. State of Victoria, December 2015.*

Other post-summit actions in progress

OG data report

The first ever tumour summit data report is being produced: *Oesophagogastric cancer in Victoria: Identifying variations in care.* The report is based on data analysis prepared through collaboration between the Department of Health and Human Services and Cancer Council Victoria and overseen by the OG Summit clinical working party. Summit discussions and clinical comments are included in this report which will set the scene for progressing OG summit recommendations.

AGITG

Questions were raised at the summit regarding access to clinical trials for patients with OG cancer, in particular for patients living in regional Victoria. This highlighted an opportunity to promote the work of the Australasian Gastro-Intestinal Trials Group (AGITG). We spoke to Associate Professor Niall Tebbutt, Deputy Chair and Treasurer; and Professor Trevor Leong, company secretary to find out more about the AGITG and the important work being done. Read more in the AGITG Newsletter.

AGITG
AUSTRALASIAN GASTRO-INTESTINAL TRIALS GROUP

MDM software for Victoria

Clinicians also highlighted that development of a common MDM software program is high on the priority list for improving MDM processes. The Department of Health and Human Services secured federal funding to improve ICT linkages between regional and metropolitan cancer services. These funds were directed towards development and implementation of MDM software for Victorian regional ICS. After an unsuccessful commercial ICT tender there was an opportunity to collaborate with the Queensland Government to customise the Queensland Oncology On-Line (QOOL) product for use in Victoria.

For more information contact Simon Phillips.

The OG Summit working party convened on February 20 2017 to offer advice for the customisation of the OG cancer component of QOOL. Linking in from Queensland, Associate Professor Mark Smithers an UGI Surgeon and clinical leader for development of the Queensland version of QOOL, provided real life experience of how data is used to improve outcomes for patients with OG cancer in Queensland.

Use of data to improve OG cancer outcomes in Queensland

Administrative cancer data in Queensland is used by a clinician led OG cancer committee to communicate cancer outcomes to hospital administrators. From 2000 – 2013 there has been a shift towards higher volume centres for OG surgery and improvements in 30-day mortality.

Have a question? Please contact Amy Sutherland