



What are summits?

Victorian Tumour Summits (VTS) are clinician-led forums identifying important variations in cancer patient care and outcomes. VTS is funded by eight Victorian Integrated Cancer Services (ICS) and the Department of Health & Human Services.

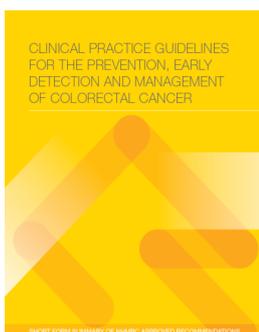
Win. Percentage of documented MDM for rectal cancer increased to **84%** in GRICS and **74%** in GICS in 2017. GICS increased prospective MDM discussion of rectal cancer patients to **55%**

What happened at Summit?

Professor Robert Thomas, Chair of Cancer Australia's Advisory Council, opened the CRC Summit 2018. VTS is part of the cancer reform agenda for the 2nd Victorian Cancer Plan 2016-2020. A focus of the Victorian Cancer Plan till 2020 is achieving consistent quality of care through Optimal Care Pathways (OCPs). Fifteen OCPs are endorsed nation-wide and a further three OCPs are in development for 2018. VTS assist clinician-led reductions of unwarranted variations in cancer patient care and outcomes, and contribute along with OCPs to meeting the targets of the Victorian Cancer Plan.

Terminology

An Optimal Care **Pathway** is the organisation, process, policy development and creation of a framework for improved patient outcome, delivered by everyone involved in patient care



A Clinical Practice **Guideline** (CPG) describes the care given at each step on the Pathway and is the responsibility of an individual practitioner

Kathryn Whitfield, Assistant Director of Cancer Strategy & Development at the Department of Health and Human Services, gave a 'Progress Update on CRC Summit 2014' <bit.ly/2jgoZix>

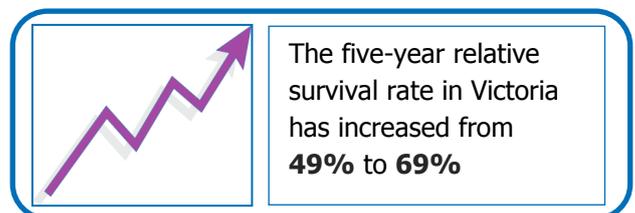
Clinician discussion and feedback from the first summit generated significant recommendations. Traction has been gained on all recommendations, broadly categorised into improving multidisciplinary meetings, providing data for monitoring care, and promoting bowel cancer screening and access to colonoscopy.

Digging deeper into the figures, working party cochair **Mr Brian Hodgkins**, colorectal surgeon at Monash Health, gave the '2011-2015 CRC Data Presentation', available at <bit.ly/2Ftt3oj>. New information on colorectal cancer care in Victoria was presented, assessing incidence, survival and treatment. Important variations were highlighted and possible causes of variations considered.

Data presented at the Summit was a combination of the Victorian Cancer Registry, Victorian Admitted Episodes Dataset (VAED), Victorian Radiotherapy Minimum Dataset (VRMDS) and the National/Victorian Death Index. A subset of Victorians from the VCR who had a primary diagnosis of colorectal cancer between 2011-2015 were linked to the VAED and VRMDS

The data – what does it say?

⇒ The incidence of CRC is diminishing over time since 1982



⇒ CRC Patients who live in Hume RICS appear to have better survival compared to the Victorian average

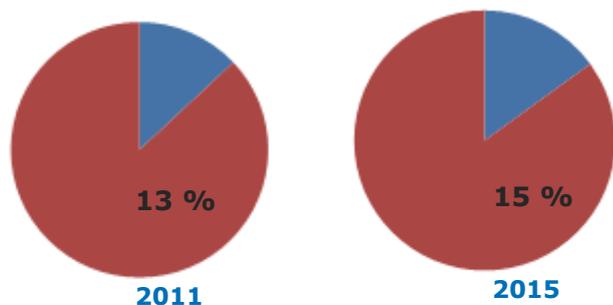
Win. Six Victorian Primary Health Networks and the I-PACED project have worked to reach **68%** of Victorian GP practices for education on the CRC OCP



The data – what does it say?

- ⇒ Age standardised incidence for CRC is higher in regional ICS (38-42 vs 34-35 per 100K population for metropolitan ICS)
- ⇒ There is a higher proportion of Stage IV CRC at diagnosis for patients in Grampian ICS
- ⇒ There is significant variation in the overall utilisation of chemotherapy and radiotherapy in colon and rectal cancer patients across Victoria

The proportion of patients whose first surgery was during an emergency admission increased slightly:



- ⇒ There is still a difference in survival for residents of different ICS regions

Clinician-led improvements



For the first time, Victorian Tumour Summits held a clinician-led improvement discussion panel. Owing to the success of this panel, more of this type of program event will be introduced to future summits. A video recording of the panel with audience Q&A is available here <bit.ly/2FsQka1>.



After Summit – what now?

Participants from each ICS identified variations for local action as follows:

| | |
|-----------|---|
| BSWRICS | Significantly lower utilisation of chemotherapy compared to state average for CRC patients (stages I/II/III) |
| GICS | Rectal cancer (stages I/II/III) patients are significantly less likely to receive neo-adjuvant radiotherapy compared to VIC average |
| GRICS | 15% of CRC cancer patients living in GRICS have emergency admission surgery. 50% of rectal cancer MDM discussions occur after treatment |
| HUME RICS | Significantly lower proportion of CRC surgery (stages II/III) with 12+ lymph node resections (VIC hospitals only) compared to VIC average |
| LMICS | Stage IV CRC survival is significantly lower for residents of LMICS compared to VIC average |
| NEMICS | 63% of CRC (stage III) patients who had surgery are achieving timely adjuvant chemotherapy (within 56 days) |
| SMICS | Lower survival of patients with rectal cancer residing in the SMICS region. 50% of rectal cancer MDM discussions occur after treatment |
| WCMICS | 55% of CRC (stage III) patients who had surgery are achieving timely adjuvant chemotherapy (within 56 days) |

Messages for clinicians

- ✓ Reducing variations in CRC MDM treatment planning is important and within the sphere of clinical influence to achieve.
- ✓ Ensuring rectal cancer cases are reviewed by a MDM before treatment begins is critical.
- ✓ The clinical working party will reconvene in May to formulate recommendations for the 2018 CRC Summit.
- ✓ Clinical teams are encouraged to collaborate with their ICS in further investigation of observed variations in care at their local health services <bit.ly/2Kj7ZVi>.

Please contact VTS officer Rebecca.Miller@austin.org.au on (03) 9496 3048 to report corrections

Colorectal Cancer Summit

Summary Report - March 2018



Victorian Tumour Summits

37 attendees completed the summit evaluation (**62%**) and **RATED** the summit:

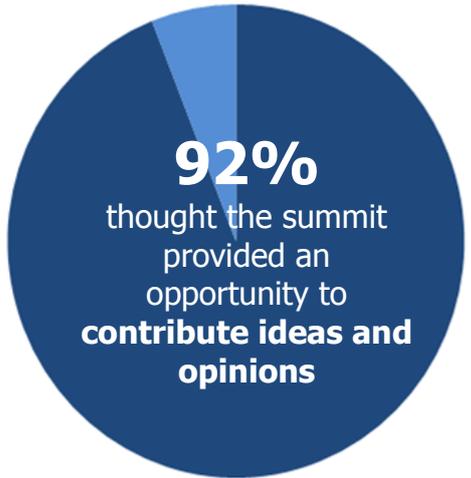
100% **8/10**

thought the summit raised **important variations** related to colorectal cancer care in Victoria

2 participants suggested that providing some **DATA before the summit** would be beneficial for participants



All respondents said **YES** they would recommend a colleague attend a summit



Participant's ONE WORD description:

connection motivating
productive
conversation stimulating
networking interesting
improving ideas
informative
collaborative
timely excellence
good collective engagement