Friday 22 February 2019
9.00am — 3.00pm
RACV City Club
501 Bourke Street
Melbourne

Register for the Lung Cancer 2019 Summit
Are you in a lung cancer MDM?
Small local improvements have a big impact
Attend the Lung Cancer 2019 Summit

Victorian Tumour Summits presents clinician-reviewed data on patterns of cancer care and outcome to the regional and metropolitan clinician and health service professional community.

Summit participants discuss unwarranted variations in data for prioritisation and action, and are supported by Integrated Cancer Services.

The Lung Cancer 2019 Summit will showcase examples of clinician-led improvements and facilitate discussion on where to focus future improvement efforts. It will also review if there has been a shift towards optimal care in the areas highlighted at the first lung summit in 2014. Dialogue between government, clinicians and consumers on the day agrees priorities for lung cancer care.

Join the lung cancer care conversation in Victoria on:
- timeliness of care
- rates of tissue diagnosis
- MDM treatment planning
- utilisation of treatment
- palliative care and supportive care.

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Clinicin perspective

**Paul Cashin**

There are very few times in medicine, despite the dedication we all have to treating our patients, when we are presented with the opportunity to genuinely make a difference. The development of optimal care pathways (OCPs) has proved to be one of these.

The considerable geographical distances between patients and their major tertiary care centres are coupled to an increased patient expectation of personalised care, meaning Australia has a unique health care service to deliver. Many of us practicing in the ‘cancer world’ have for years noticed the disparity in care we are able to provide for our regional patients. We also have a problem organising effective delivery of care in our larger cities. But was this perception of inadequacy real, or were we just remembering the outliers in timeliness of care?

Our impressions were right. Pilot studies looking at cancer care delivery were commissioned in prostate and lung cancer, and subsequently in oesophageal and gastric cancer. These studies clearly showed that we weren’t in all cases delivering high quality, timely care to patients. We were letting our population down. I never want to see a patient again who has waited months to receive treatment for their cancer! My record was a three months’ wait to care!

Individual tumour summits were developed to tap into all the resources available to help solve these issues. Working parties and design groups were developed around multidisciplinary teams, involving all stakeholders in cancer care provision for individual tumour streams, to develop agreed OCPs. Once this exciting design phase was completed, projects to effect and measure change were commenced. More cancer groups were included and momentum accelerated. Changes were realistic, and most importantly involved our regional colleagues with their unique perspective.

This program is, somewhat surprisingly to a political cynic, fully supported by government in terms of funding and resources. It does, however, require huge commitment from individual hospitals and their teams of medical, nursing, allied health and administration staff to enact these programs. It requires commitment from our care deliverers.

For teams who are moving from the design and implementation stage to the outcome measurement phase, it is exciting to see what the effects of these changes will be. For tumour streams who are working toward this, there is a body of experience now available to assist their plans.

What an exciting time it is to be involved in real change! From identifying and measuring the problem, convening a tumour summit to discuss the problem and then effecting change, this is how it is meant to work! It has.

To the teams developing these OCP programs, my hat goes off to you. You are genuinely making a difference. Tumour summits continue to be the key in helping monitor change and develop new programs. These are incredibly important!

Our patients thank you!

Patient perspective

**Karen Guyett**

Karen was diagnosed with pancreatic cancer in 2014. She was treated with neo-adjuvant therapy and surgery.

Prior to diagnosis I was very, very busy working full time for medication review consultants in Warrnambool and a busy grandmother. Life was just wonderful and busy. It was really quite sudden. When I saw my surgeon four days later he explained I had a tumour on the head of the pancreas and what had to be done – basically we had a tumour crack at it or I died. I’m a realist and I have my faith so it was just, okay, if this is my turn, it’s my turn. I honestly didn’t freak out at all. I just watched the family. It was horrible watching the fear in their faces and, you know, their tears. But I didn’t have fear myself.

The treatment was something very new, they hadn’t done it before. Normally it was the operation first to remove the tumour, then go into chemo and radiation. My treating team decided to do chemo first, then radiation. If I passed those two I made it into the operation.

Hospital was a very different scenario. That was where it was hardcore and I nearly died three times while I was in. This was after the operation. The first eight days I sat up like Jackie, welcoming everybody and day eight I crashed.

I'm just so grateful I had so much love and care around me. Working in that field there are very, very special people. I think if you haven’t got the qualities of empathy and sympathy and the care factor, don’t go into that field because they’re the things that got me through. All the doctors I was under were happy people, loving and caring. To be made to feel that you are special, that they are really important things.

People say, “You don’t know me, I’ve got pancreatic cancer. Can I come and talk to you?” I say, “Come in, we will put the kettle on.” My advice to people who knock on my door now? The first thing is go with your gut. It’s that faith thing, it’s that feeling. If you’re not happy with your surgeon, your first port of call, go to number two, go to number three. Don’t stay with number one if she’s not the right one or he’s not the right one. That is the first thing I would say to anybody who’s diagnosed with pancreatic cancer because it is a long journey, a very serious journey, and if it is your last journey you want it to be a happy one. A loving one.

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