

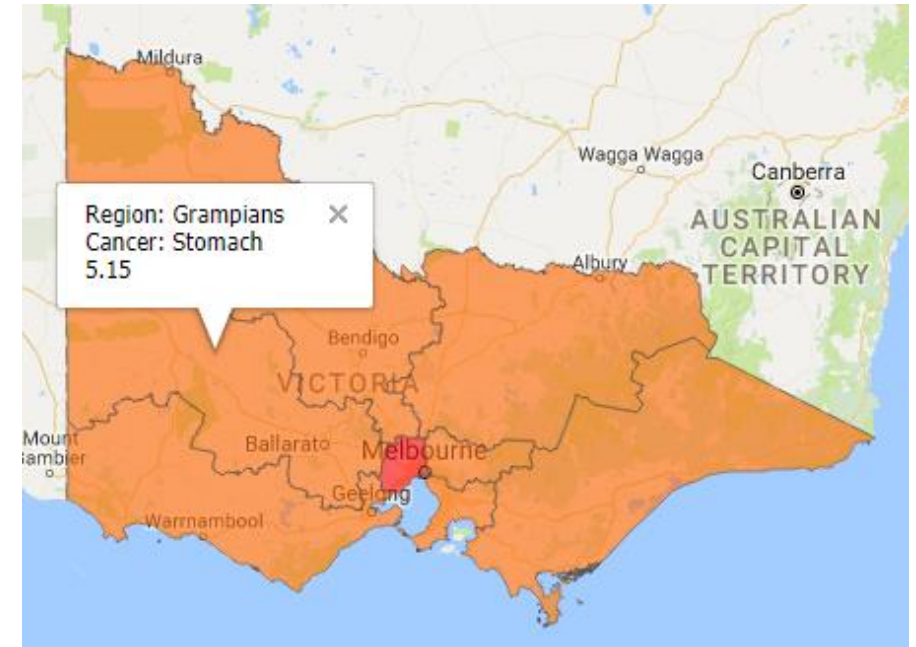
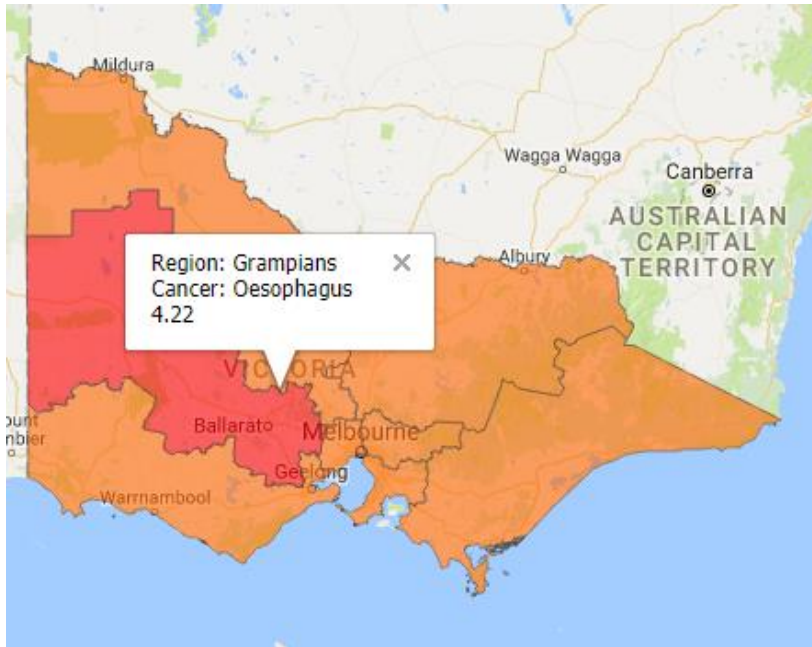
Grampians Oesophagogastric Cancer Performance Monitoring

November 2017

OG Cancer in the Grampians (ASR / 100,000)

Oesophagus

Gastric



Region	Oesophagus	Region	Oesophagus
Southern Metropolitan	3	Barwon-South West	3.8
Western & Central Metropolitan	2.7	Grampians	4.2
North-Eastern Metropolitan	2.7	Loddon-Mallee	3.8
		Hume	3.9
		Gippsland	2.9

Region	Stomach	Region	Stomach
Southern Metropolitan	5.3	Barwon-South West	5.7
Western & Central Metropolitan	6.1	Grampians	5.2
North-Eastern Metropolitan	5.2	Loddon-Mallee	5.5
		Hume	5.3
		Gippsland	5.2

Source: Victorian Cancer Registry, November 2017

Oesophageal Cancer in the Grampians

(Grampians 5 Year Survival was 10% in 2006-2010)

26

New Cases
Oesophageal
in 2015



40

Living with
oesophageal
cancer



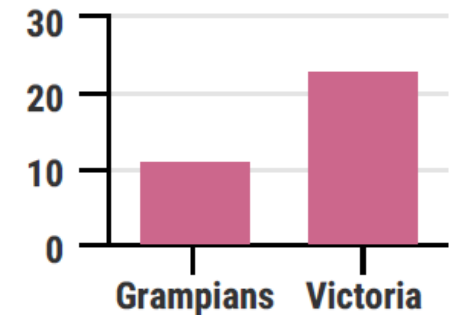
16

Deaths per
year



11%

5 Year Survival
(State Avg. 23%)
Age standardised



Gastric Cancer in the Grampians

– Survival equal to state average*

(Grampians 5 Year Survival up from 15% in 2006-2010 !!)

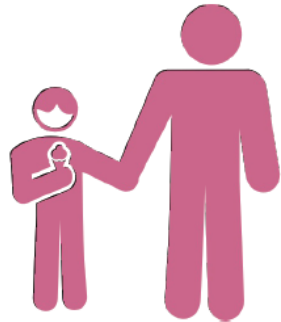
32

New Cases of
Gastric cancer
in 2015



79

Living with
gastric cancer



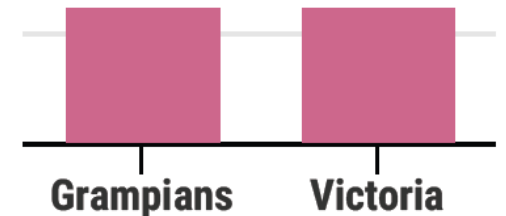
16

Deaths per
year



31%

5 Year Survival
(State Avg. 31%)
Age standardised



Optimal timeframes

Timeframes should be informed by evidence-based guidelines where they exist while recognising that shorter timelines for appropriate consultations and treatment can reduce patient distress. The following recommended timeframes are based on expert advice from the Oesophagogastric Cancers Working Group.

Step in pathway	Care point	Timeframe
Presentation, Initial Investigations and Referral	2.1 GP appointment	A patient with concerning (red flag) symptoms should be seen by their GP within two weeks.
	2.2 Referral for endoscopy	Endoscopy completed within two weeks.
	2.3 Specialist appointment	Within two weeks. Imaging/workup as directed by the specialist may precede but should not delay referral.
Diagnosis, Staging and Treatment Planning	3.1 Diagnosis	Workup needs to be complete for presentation at MDT within two weeks of diagnosis.
	3.2 Staging	
	3.3 Multidisciplinary meeting	Within four weeks of GP referral.
Treatment	4.2 Treatment	Within two weeks of MDT discussion.

Source: Optimal Care Pathways (Cancer Australia)

VCPMF

Victorian Cancer Performance Monitoring Framework (DHHS)

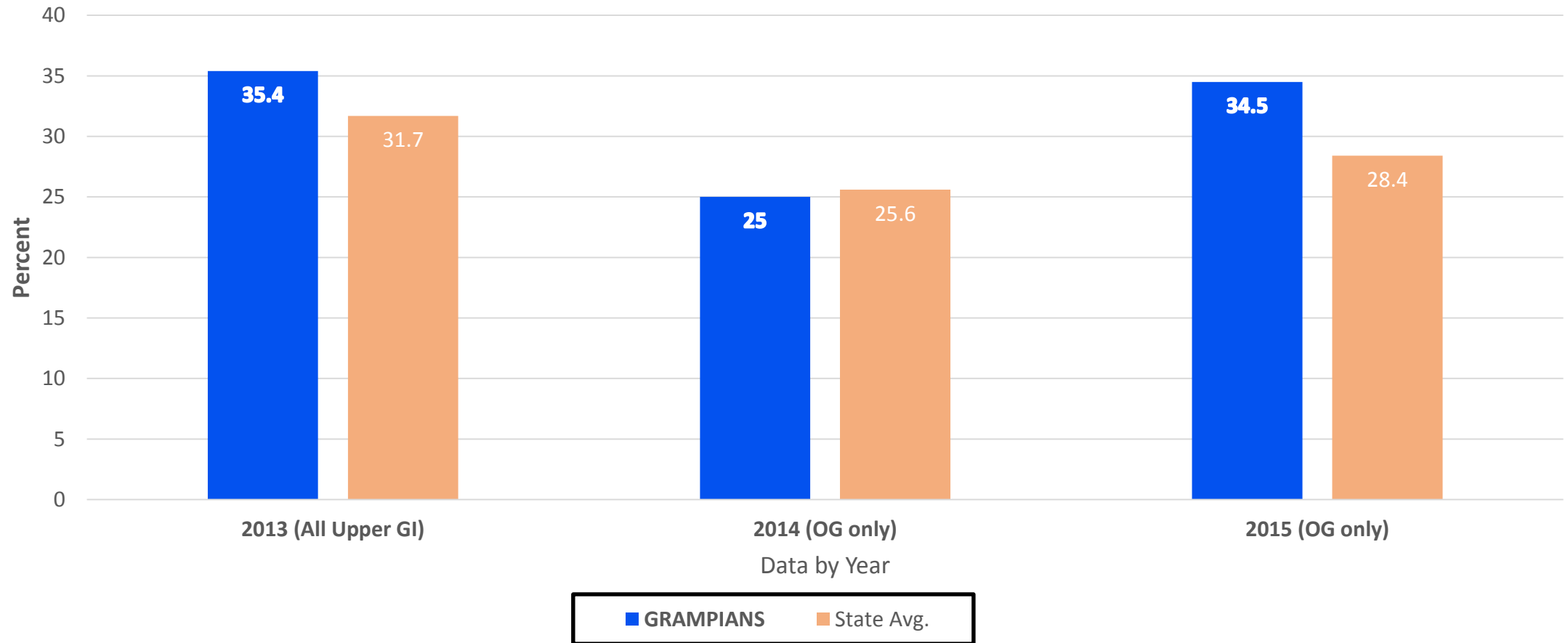
- Set of Performance Indicators for cancer service delivery
- Intended to reflect whole of **system analysis**, process & outcome measures
- **Not individual clinician** performance measurement
- Some **individual health service** data available
- Moving towards assessment of performance in line with **OCPs** (Optimal Care Pathways)

Benefit – useful tool for decision making for quality improvement activities

Indicators for OG Cancer System

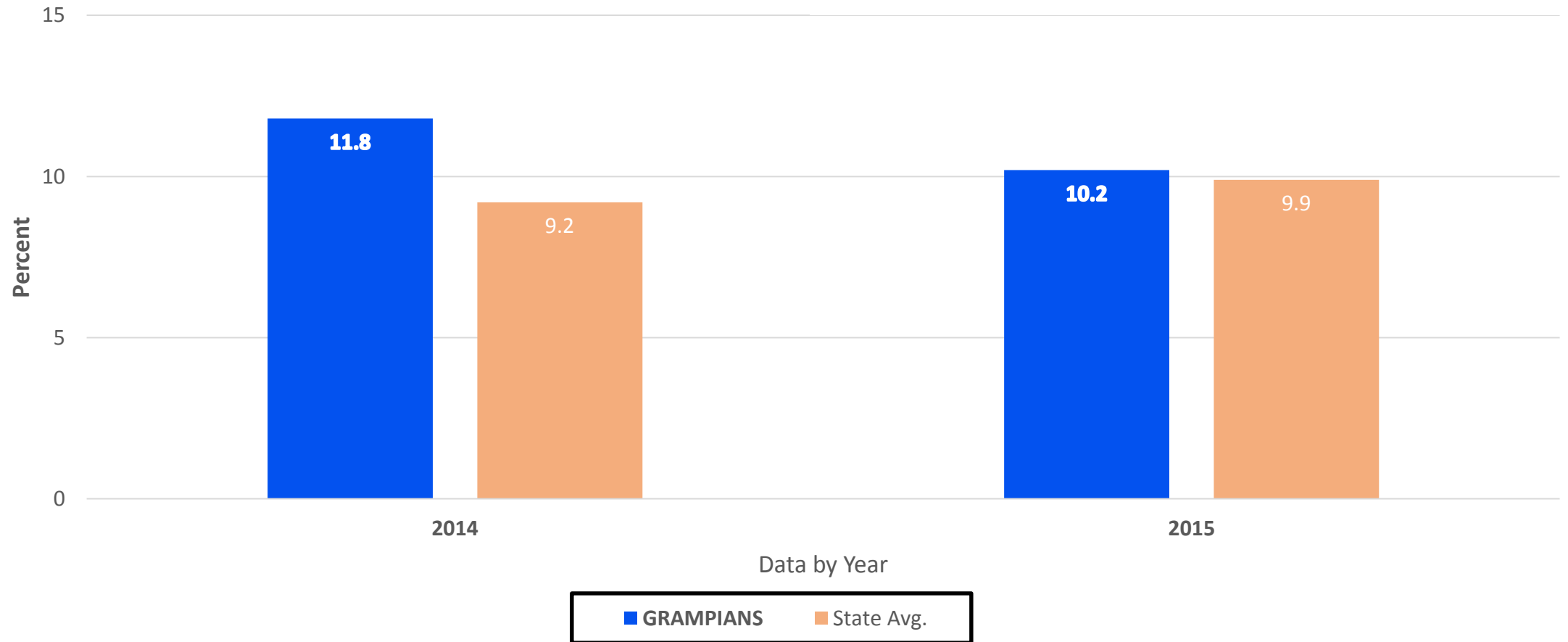
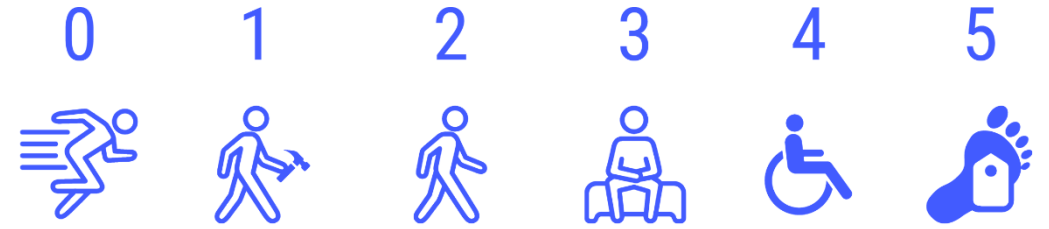
1. **ED presentations** within 28 days prior to lung cancer diagnosis (? Late presentation)
8. **ECOG** performance status recording (surrogate for predictor of outcome, key determinant of treatment)
13. **Timeliness of initial treatment** after cancer diagnosis (service/system delivery)
19. **Deaths** following cancer surgery (Number of 30 and 90 day deaths)
26. **Length of stay** (LOS) following cancer surgery (days - benchmarked across the state)

ED Presentations (within 28 days prior to diagnosis)



Source: Victorian Cancer Performance Monitoring Framework (VCPMF), November 2017

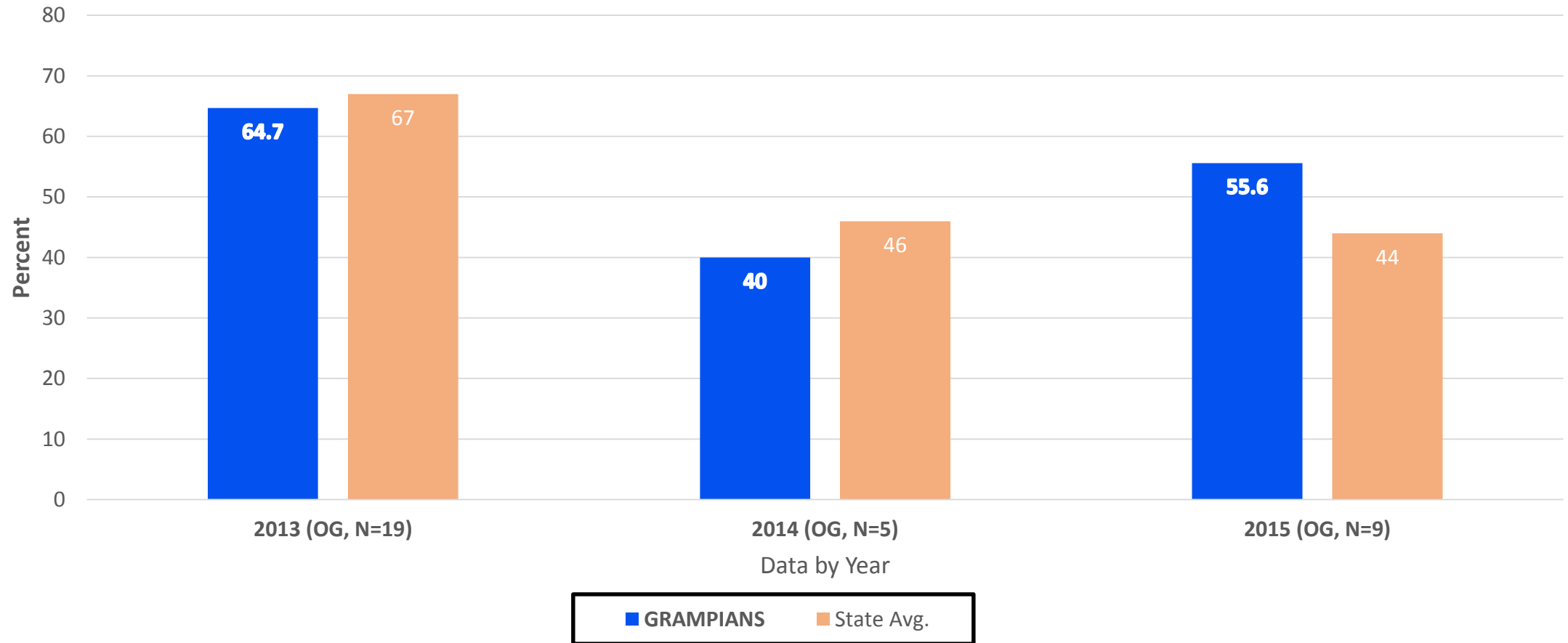
Recording of ECOG (Performance Status)



Source: Victorian Cancer Performance Monitoring Framework (VCPMF), November 2017

Timeliness to Surgery*

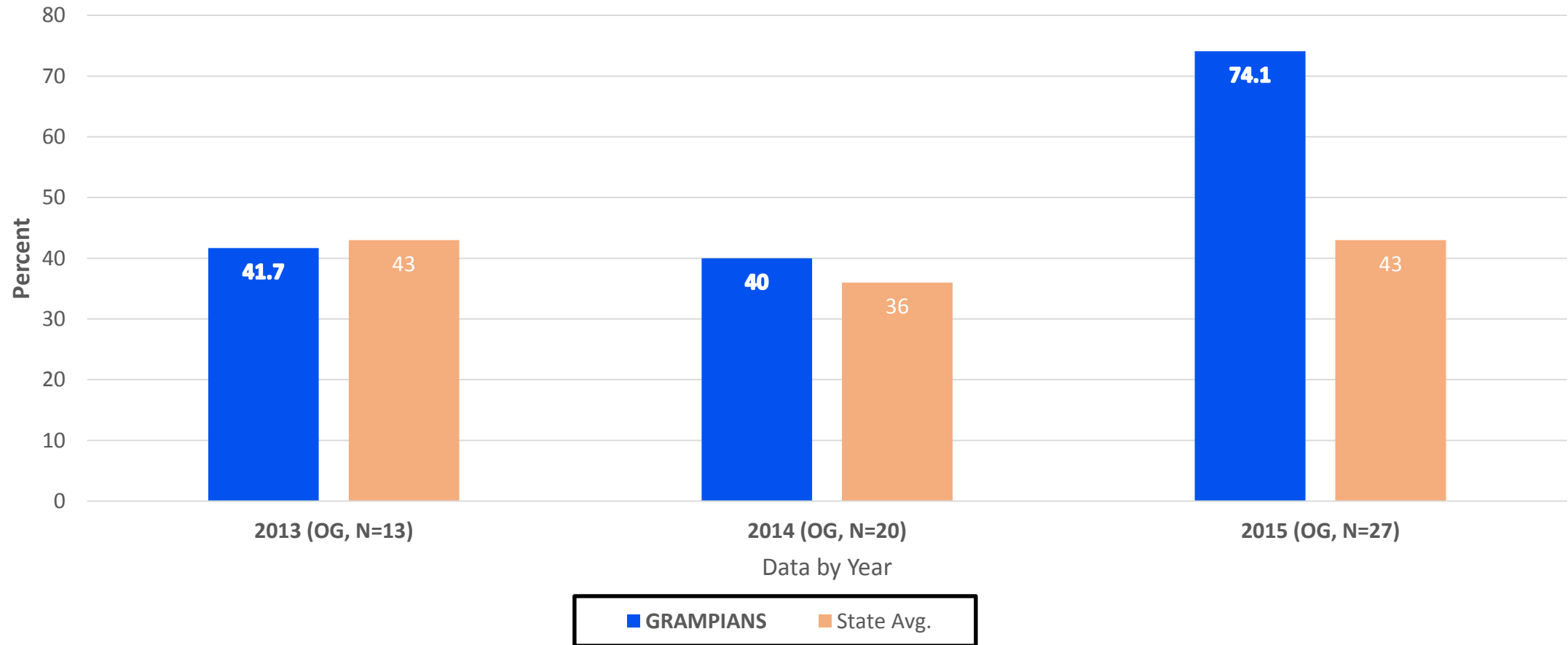
(% having 1st treatment within 28 days of diagnosis)



* Where surgery is the first modality commenced

Timeliness to Chemotherapy*

(% having 1st treatment within 28 days of diagnosis)

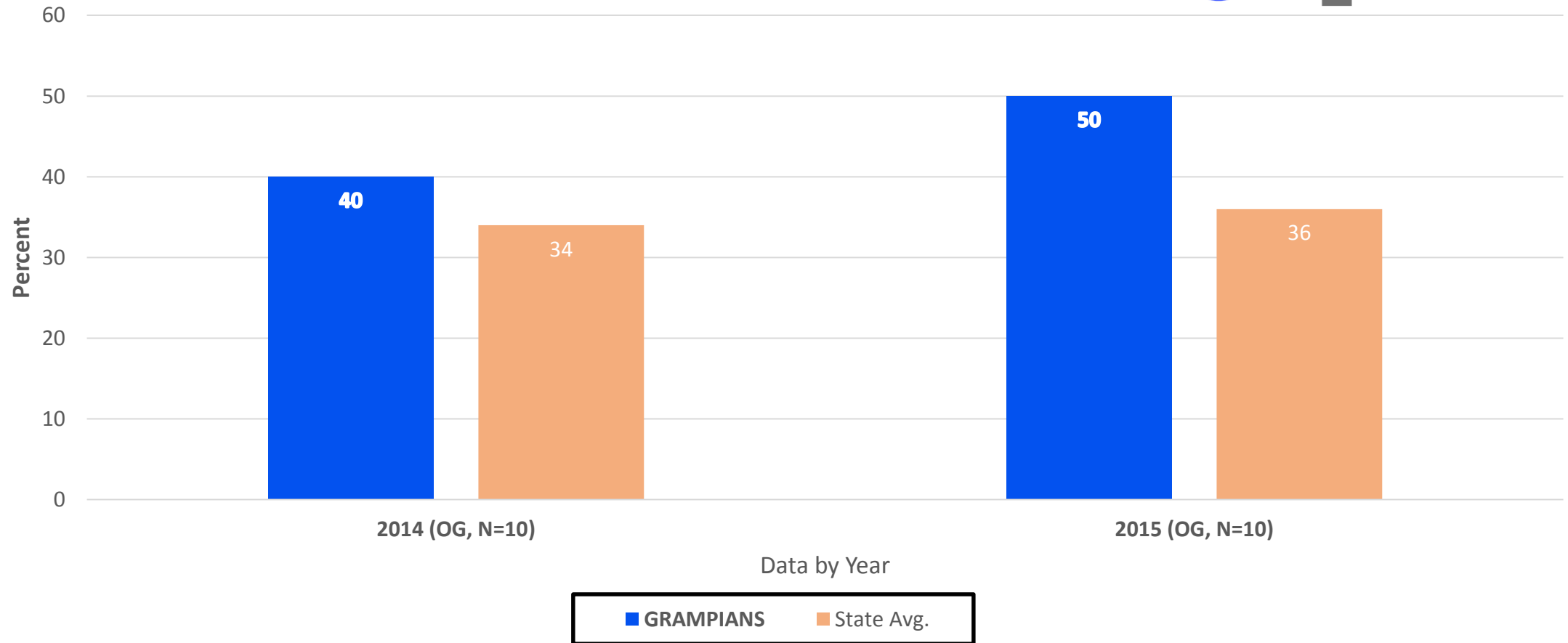


* Where chemotherapy is the first modality commenced

Source: Victorian Cancer Performance Monitoring Framework (VCPMF), November 2017

Timeliness to Radiotherapy*

(% having 1st treatment within 28 days of diagnosis)



* Where radiotherapy is the first modality commenced

30 Day Deaths after Surgery (2015)

Surgery Type	Grampians	Statewide
Oesophagectomy	1/8* (12.5%)	3/141 (2.1%)

* Note small numbers

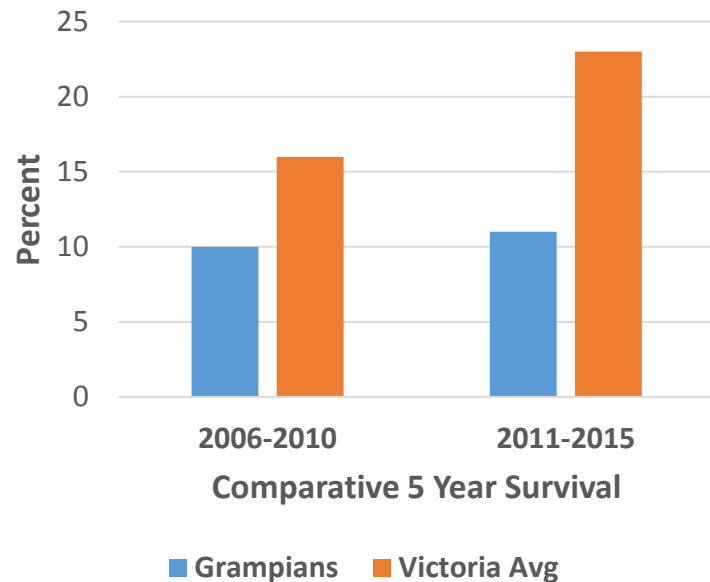
Length of Stay after Surgery (2015)

Surgery Type	Grampians Median days (Range)	Statewide Median days (Range)
Oesophagectomy	11 days [N=8*] (7 - 13 days)	14 days [N=141] (2 – 32 days)

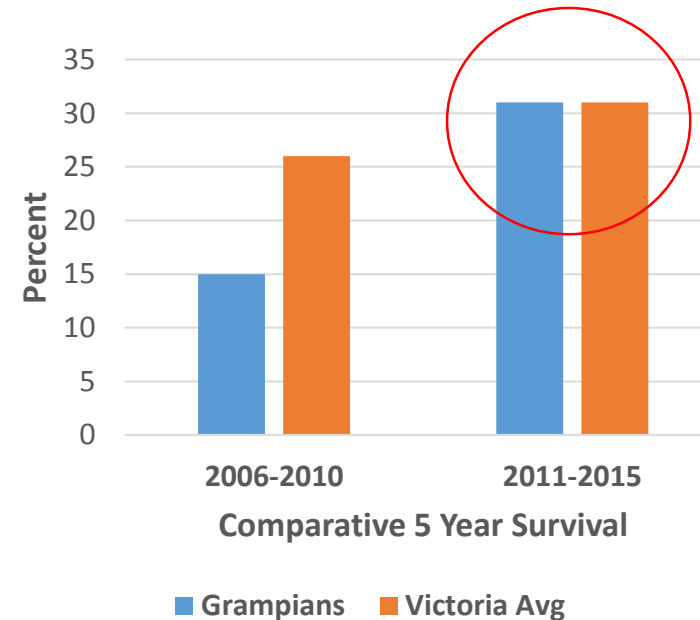
* Note small numbers

Change in 5 Year Survival over time (2006-2010 vs 2011-2015)

Oesophageal



Gastric



Statewide OG audit – Sept 2017

Grampians patients audited N=19 (treated/presented anywhere in Vic)

Diagnostic Site of Cancer	Number of Patients Audited
Gastric	6
GOJ	4
Oesophagus	9

Stage at diagnosis:

Potentially curative

I	1
II	1
III	7
<u>“Non-metastatic”</u>	<u>2</u>
Total	11

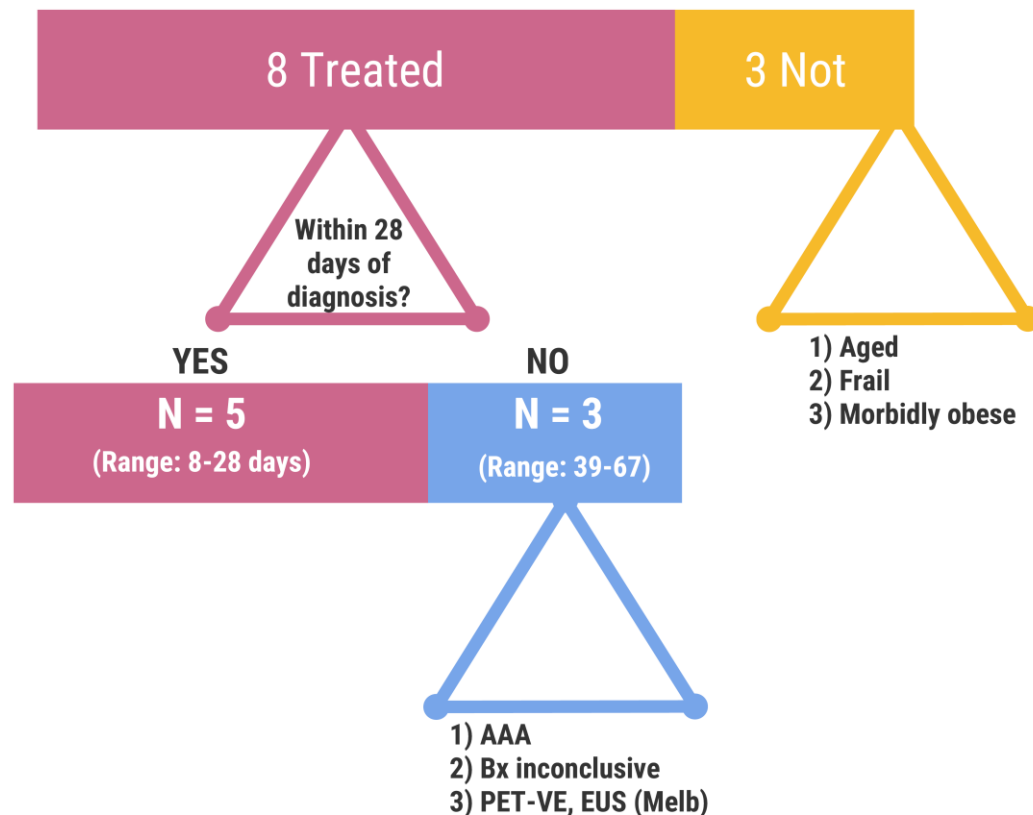
Palliative

Unknown stage	3 (Not treated, aged, frail)
IV/metastatic	5

Timeliness Diagnosis to Treatment

(OCP: within 28 days)

Of 11 potentially curable OG cases:



Referral to Diagnosis

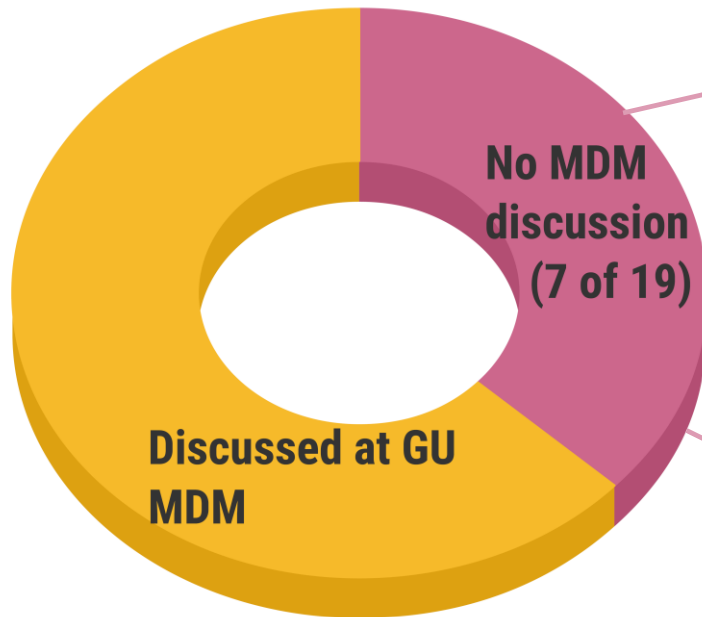
(OCP: within 28 days)

Referral to Diagnosis
7/19 > 28 days
[Range: 50-162 days]

Characteristics:

- 1 - Stage I
- 1 - stage II
- 2 - Stage III (1 x AAA, 1 x Lung ca, mult life-threatening issues)
- 1 – Metastatic (Long-term Barrett's – 162 days from referral)
- 1 - Non-metastatic (Pancreatitis, severe achalasia)
- 1 - Unknown

No MDM – patient characteristics



# patients	Stage at Diag.	Characteristics
2	III	51M, Oesoph., R ^l →Dx=8d, Dx-Tx=13d
		89M, Stroke, Dx→Palliative R ^l 68days
2	Unknown	78F, Dx→Pall R ^l =14d
		89F, Perforated gast. Ca, Dx→Pall=2d
3	Metastatic	69M, Prev C/R Ca, Dx→Pall=2d
		69M, ED present ⁿ , Pall chemo≤28d
		88M, Pt choice no treatment, Dx→Pall=60d

12 Had MDM discussion – Stage at Diagnosis

Stage at Diagnosis	Age and sex of patients
I	78M
II	66M
III	51M, 52F, 56M, 73M, 77F, 78M, 82M
Metastatic	64M, 74F
Unknown	82M

Gastric Survival Improvement - impressive

- Cohesive surgical team efforts since 2010
 - Supportive operative strategy – no-one has to “go it alone”
 - Dedicated surgical clinic with opportunities to discuss cases
 - ??? Other factors
-
- However, survival improvement doesn't translate to oesophageal cases – why??