

Cancer News

Statewide Clinical Networks

Welcome to the 7th issue of Cancer News

The year is galloping by and the work of the Network is also proceeding at a gallop. Under the helm of our new Chair, Professor Dorothy Keefe, the Network has been responding to the recommendations of the SA Cancer Services Review which was released in late April (see below).

Meanwhile CanNET SA Project phase I is close to completion and we have farewelled several key contributors including Adam Monkhouse and Kristin Linke while Tracey Doherty will depart shortly. Their skills, experience and enthusiasm will not however be lost to the SA cancer community as they transfer to other key positions. The next phase of CanNET SA will commence shortly with the employment of a full time project officer jointly funded by SA Health and Cancer Australia.

In July, SA Health in collaboration with the Network was successful in obtaining a grant for the development of a gynaecological oncology clinical pathway, a two year project which will be conducted under the chairmanship of A/Prof Martin Oehler of the Royal Adelaide Hospital and University of Adelaide. Project management positions are currently being recruited.

Another highlight has been a winning presentation made by Dr Matthias Wichmann to the Provincial Surgeons of Australia Annual Conference in Alice Springs on behalf of the Mt Gambier Multidisciplinary Cancer Team. Concurrently the proposal for ongoing funding of team coordinator position was endorsed by the Country Health SA Executive along with endorsement of a 12 month trial position of Cancer Care Coordinator.

The Network Steering Committee was delighted in August to receive a copy of the Cancer Research Collaborative Business Case for consideration. It strongly commended the working group for its excellent work in engaging all the parties particularly all three universities. It looks increasingly likely that the Collaborative will form a key, founding element of the South Australian Health and Medical Research Institute and one which can potentially provide leadership by example in the development of collaborative research enterprises.

For more detail on these and other reports please read on.

PROFILE: Alwin Chong

Wakamin man and member of the Cancer Clinical Network Steering Committee



I am a Wakamin man from Far North Queensland and I am currently the Senior

Research and Ethics Officer for the Aboriginal Health Council of SA (AHCSA). I joined the organisation in 2001, after nine years with the University of South Australia.

AHCSA is the Aboriginal Community Controlled Health sector peak body that provides leadership, advocacy and sector support, with a commitment to Aboriginal self-determination. It is the health voice for Aboriginal peoples across South Australia, representing the expertise, needs and aspirations of Aboriginal communities at

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both state and national levels based on a holistic perspective of health.

I feel very privileged to have been invited onto the Cancer Clinical Network but also apprehensive on two counts. Firstly, not feeling like I had enough clinical knowledge to make any worthwhile contribution and secondly that my personal experiences may influence any actions I took – however, this apprehension was only momentary as I saw the great opportunity to highlight and improve the major access and equity issues facing many Aboriginal people today in regards to optimal health care.

A significant part of the cancer journey is an individual's community. I believe a community's capacities are fundamental to enhancing an individual's health and wellbeing and that his area has been under-resourced and under-utilised.

The Cancer Clinical Network recognises that the Aboriginal community has particular cancer needs and issues, including significant cancer prevention and early detection concerns which need to be addressed urgently. It has recently agreed to create an Aboriginal Cancer Control committee. The group is to be lead by a prominent Aboriginal, involve key cancer clinicians and the aboriginal community. I am very pleased to have been able to initiate this in partnership with my Network colleague Professor David Roder.

I am looking forward to continuing work with the passionate, committed people of the Network and to having a real impact on Aboriginal cancer issues over the next two years.

SA Cancer Services Review

A review was recently conducted by independent reviewer Communion in response to a small number of widely publicised treatment errors. The report was received by SA Health and all its recommendations were accepted by the Minister for Health. The press release associated with the report advised that

"The SA Council on Safety and Quality in Healthcare was asked to facilitate a review to assess current auditing/quality

assurance systems and review of systems for accreditation of cancer services. The review provides us with valuable guidance on how we can improve our systems across the public health sector – helping cancer patients get the best possible chance at recovery. . . .

The cancer quality and audit review has twelve recommendations that focus on the following areas:

- governance
- medication management
- incident management and reporting
- credentialling and training

All of the recommendations are supported by the SA Health and an Action Plan has been put in place to ensure their full implementation. Thanks were expressed to everyone in cancer services who participated in this very important review which will serve to improve the quality of cancer services for South Australians."

Win by Mt Gambier Multi-D team

Recently Dr Matthias Wichmann made a winning presentation to the Provincial Surgeons of Australia Annual Conference in Alice Springs on behalf of the Mt Gambier Multidisciplinary Cancer Team.

The presentation highlighted the success of the team in building and strengthening partnerships between metropolitan and rural health services to address the issue of higher mortality and later referral to specialised services in rural cancer patients.

The team was initiated by *CanNETSA* and the *Australian Better Health Initiative (ABHI)* under the auspice of the Cancer Clinical Network. Using this support a group of rural and metropolitan cancer care providers was invited to establish a country-based multidisciplinary team (MDT). This team includes medical oncology, radiation oncology, pathology, radiology, surgery, general medicine, palliative care, social workers, nursing staff, allied health and general practitioners.

The presentation demonstrated that establishing a multidisciplinary team



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meeting in rural Australia is feasible and that this approach to improve rural cancer care is very promising and has the potential to promote better outcomes for patients diagnosed with malignant disease outside the catchment area of large metropolitan-based oncology services.



The Mt Gambier MDT linking with city colleagues

The team's success is summarised here in data:

- Inaugural Cancer MDT meeting 15th Oct 2008
 - 20 meetings held - no meetings cancelled
 - Video and teleconference facilities available for all meetings
 - 135 patients presented
 - 73 new patients
 - 62 review patients
 - 100% of patients provided consent
 - 100% treatment plans generated & faxed to GP's
 - 10 disciplines represented, on average
 - 16 meeting attendees, on average
 - 82 referrals have been recommended
 - 28 medical oncology
 - 12 radiation oncology
 - 26 supportive care (Palliative Care & Social Work)
 - 16 other (clinical trial, Metro MDT, surgery)
 - 4 formal education sessions held
- Congratulations to all the team!**

Network Priorities

The September meeting of the Cancer Clinical Network was organised as a half day workshop with the main aim being to prioritise Network activities and projects in light of the recent review of cancer services in SA and the changes to the CanNET SA funding arrangements.

The steering committee gave consideration to its long list of current activities and engagements and agreed that its highest priorities should align with the SA Cancer Review Action Plan. The chosen three priorities constitute an integrated development plan for the key areas of cancer in SA: cancer pathways, cancer systems and cancer measurement.

1. *Purchase and implementation of a statewide medical oncology information system* to enable uniform, statewide, chemotherapy management. Such a system is urgently required to assist in limiting chemotherapy error risk across the state. SA Health has agreed to fund a business case to confirm the system and to set out an implementation plan. Implementation will take about 2 years.
2. *Appropriately resourced clinical pathways and MDTs* including
 - administrative support to facilitate team meetings and undertake data collection
 - Clinical nurse support to facilitate patient care coordination along the whole pathway
 - an appropriate data base
 - statewide high quality web-based telemedicine facilities
3. *Key Performance Indicator setting and measurement* including
 - development of locally applicable indicators - urgently required.
 - measurement systems

Taking into account advice and briefings received and expertise from around the meeting table, the Network Steering Committee has selected the following statewide clinical pathways which will receive priority:

Pathway implementation:	New pathway and MDT development
AYA	Gynaecological cancer
Upper GI	Lung
Lymphoma	Sarcoma
	Breast
	Melanoma



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Remaining Network activities and engagements will be reviewed soon to establish those which will receive the next level of priority and those which will need to be set aside.

MORE WINS ON THE WAY: Major progress in the SA Cancer Data Development Project \$4.4m joint venture

Have you been wondering what's happening with the \$4.4m committed jointly in 2008 by SA Department of Health and Cancer Council SA to improve South Australia's cancer data infrastructure?

This multi-faceted project is being coordinated by David Roder from Cancer Council SA, with strong leadership from working group members from Health SA, the Universities, and Pathology SA, and SA Health Service experts. Consumer input is being provided through the Network Steering Committee. This data development will greatly increase research capacity in SA and provide important information for the planning, monitoring and evaluation of cancer services. It is proceeding well. Each of the five projects making up the project are running in parallel, with the aim of completion by December 2010.

Program 1: SA Cancer Registry redevelopment

Following a successful trial run, including the importation of historical data into the pilot system, RegistryPlus, a software product developed by the US Government, has been recommended as the new data system for the SA Cancer Registry because it is in wide use internationally and because it will provide all required functionality. Due to the demonstrated suitability of the system, the recommendation has been provisionally supported by the Department of Health.

Program 2: Hospital Registries and allied clinical databases

Documentation gathering for the business case is underway through meetings and workshops with key stakeholders. A minimum dataset and a hierarchy of data items classified by priority is being revised

based on working group and tumour group specialists feedback and a funding agreement between the Cancer Council SA and the Department of Health has been finalised.

Program 3: Bio-specimen database

Initial scoping of major options for bio-specimen databases has been completed, indicating that there are two options for viable systems. This scoping will feed into the procurement process to be developed by a business analyst. A national minimum dataset is nearing completion through Cancer Australia. This dataset will guide this program's minimum dataset.

Program 4: SA Cancer Data Grid

A colorectal data linkage project has been designed for linkage using a 2-step WA protocol to protect privacy. Data sources contributing de-identified data for the linkage will include: the SA Cancer Registry, Hospital Inpatient Data (ISAAC), OACIS, Adelaide Radiotherapy, RAH Radiotherapy, the RAH Cytotoxic Database, hospital based cancer registry databases and Kintrak. Data from the Pharmaceutical Benefits Scheme (PBS) and National Bowel Cancer Screening Program will be sought in the second stage of the project. An ethics application has been developed and will be submitted to the Department of Health Human Research Ethics Committee in October. Data custodians have agreed to the inclusion of data in the project, subject to use of the proposed privacy protecting protocol and research ethics approval.

Program 5: SA Data Management

The request for applications for data manager seeding grants has closed and sixteen applications have been received, which are being assessed. It is planned that the first round of funding include six seeding grants of up to \$35,000, with a distribution of funds commencing in late 2009.

For more information

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