



The Colorectal Cancer Summit Report is now available on the NEMICS [website](#) detailing key messages of the day, important data and Integrated Cancer Services' (ICS) local action on variations. We have worked hard to produce quality video recordings of the summit—as promised in our April CRC Summit Highlights these are available on the [website](#). Watch the clinician-led improvement panel to hear working party cochairs Mr Brian Hodgkins and Dr Geoff Chong discuss their multidisciplinary meeting investigation and variation in survival rate audit, respectively. Clinical teams are encouraged to collaborate with their ICS on further investigation of observed variations in care at their local health services. To contact your local ICS click [here](#).

[To read the Victorian Cancer Plan on the Victorian State Government health website <www.health.vic.gov.au> click here](#)

Pancreatic Cancer Summit priorities update

In November 2017, Victorian Tumour Summits hosted a pancreatic cancer stream. Cancer clinicians discussed important variations at this summit. Several were prioritised for further investigation and action:

- **Adjuvant therapy**
23% of patients who had curative surgery for non-metastatic pancreatic ductal adenocarcinoma did not have adjuvant therapy.
- **Multidisciplinary meetings**
70% was the state average for multidisciplinary meeting discussion in the years 2013-2015.
- **Palliative care**
75% of pancreatic cancer deaths occur in hospital.

The clinical working party reconvened in March 2018 to analyse cases who did not receive adjuvant therapy. It appears patients who underwent surgery in the NEMICS & BSWRICS regions were less likely to receive adjuvant therapy.

Compared to patients who did receive therapy, these patients were:

- Older.
- Spent a greater number of hours in ICU during their surgery episode.
- Had a longer length of stay during their surgery episode.
- Had a higher 30- and 90-day mortality rate following surgery.

Of these patients, 26% were less than 70 years of age, had no known comorbidities and were alive 90 days following surgery. For more details see the NEMICS website [here](#).

The 2014 Victorian Lung Cancer Summit yielded improvement opportunities in lung cancer care as identified by the 60 multidisciplinary clinicians in attendance. Following the summit, the lung tumour stream was prioritised for the Optimal Care Implementation Program, a coordinated improvement program of work across eight Integrated Cancer Services and six Victorian Primary Health Networks.

In 2016, grants for Victorian public health services were made available to support improved timeliness of and access to lung cancer treatment. This Victorian Lung Cancer Service Redesign grant assisted hospitals to develop systems and measures that target improvements in the timeliness of lung cancer care.

Project implementation began in March 2017. Most projects are expected to embed their new practice into current standard operations at some point this year.

For more details see the NEMICS website [here](#).

Many of our summit attendees have joined our LinkedIn group, VTSummit. Please log in to your LinkedIn account then click below to ask to join. Trouble viewing our LinkedIn image? Click [here](#) instead.

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