Dr Chris Jackson

Consultant Medical Oncologist
Southern Blood and Cancer Service (SDHB)
University of Otago

Friday, August 09, 2019

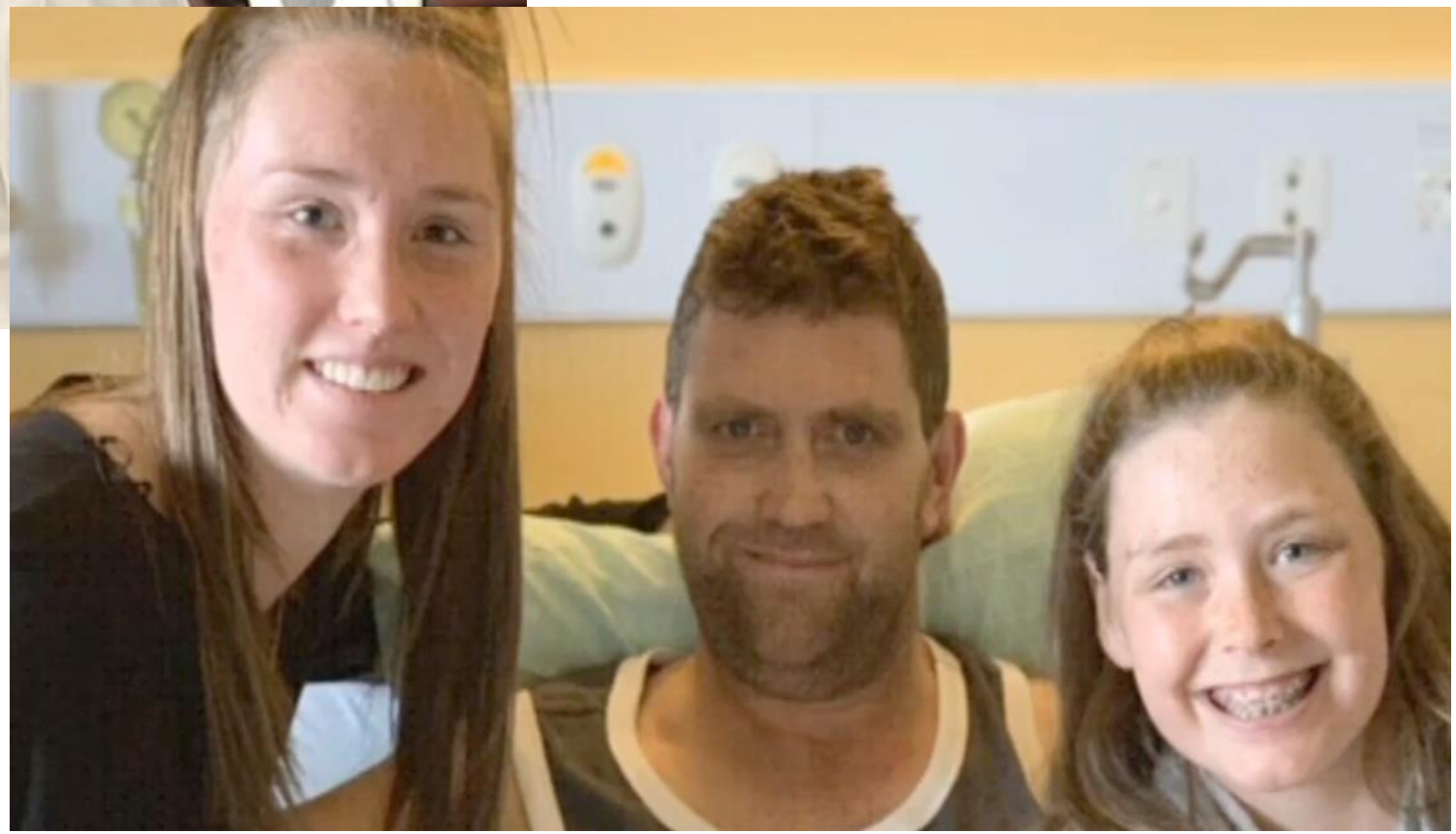
(Plenary)

14:00 - 14:20 Post Code Cancer Care - The Case for Change

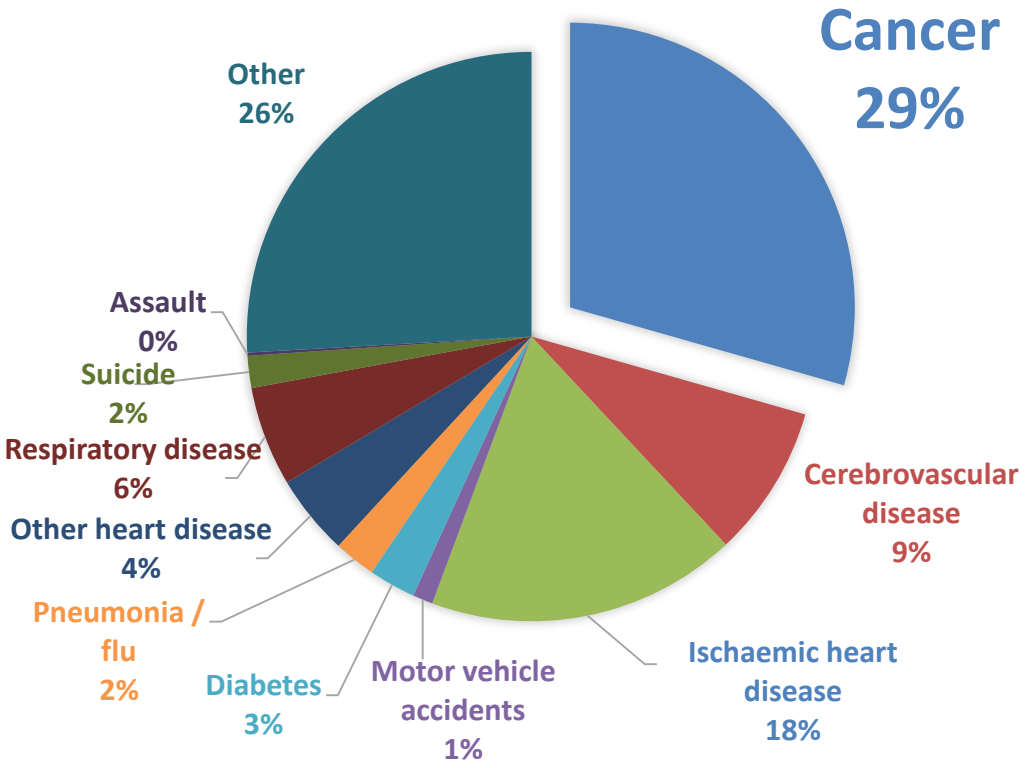
Post-code cancer care: the case for change

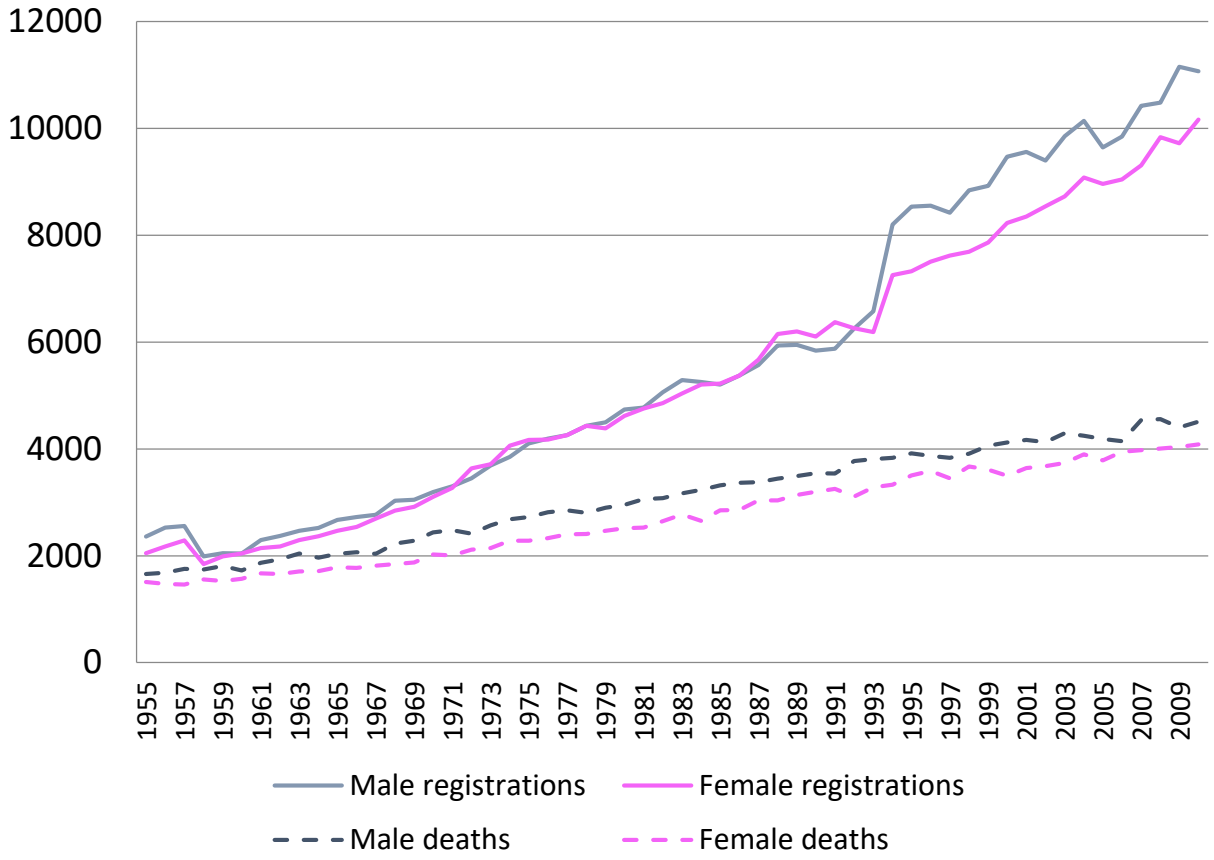
Dr. Christopher Jackson
Medical Director, Cancer Society of NZ
Senior Lecturer in Medicine, Otago University
Medical Oncologist


OAMARU
PUBLIC
HOSPITAL
Main
Entrance
24 hr Accident & Emergency
X - Ray
Occupational Therapy
Inpatient Ward
Out Patients
Maternity
Physiotherapy
Administration



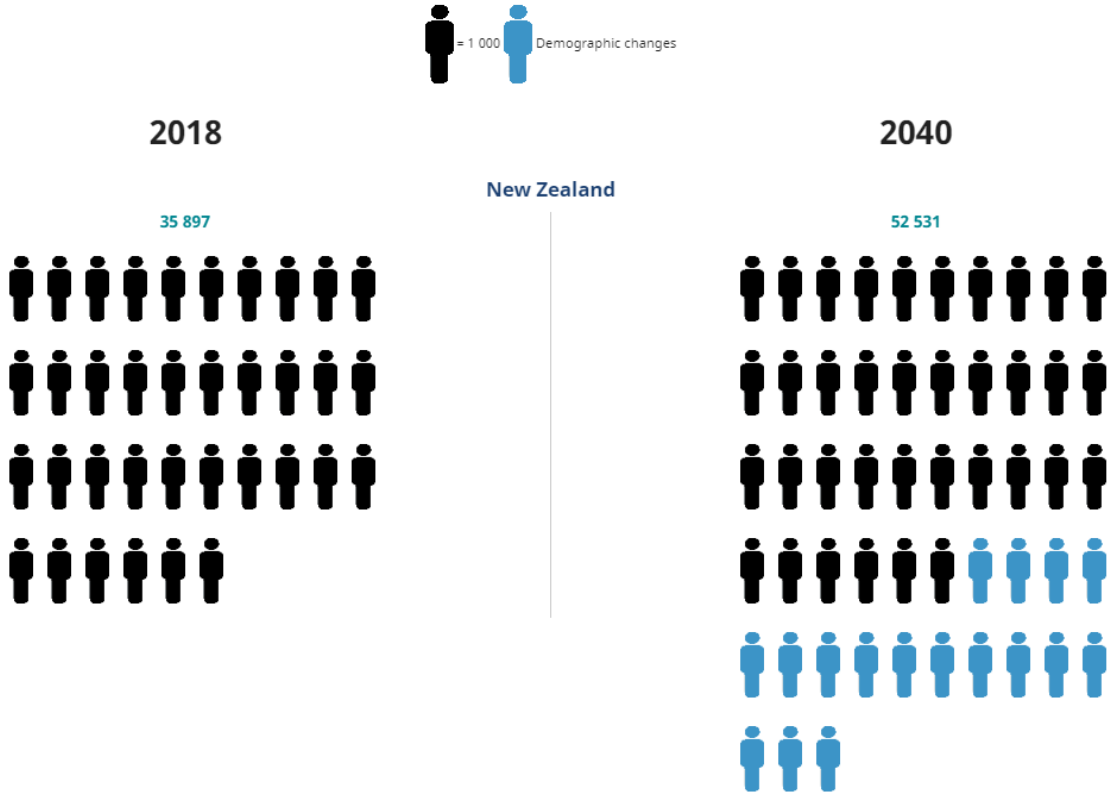
We have a problem with cancer.





The problem is growing

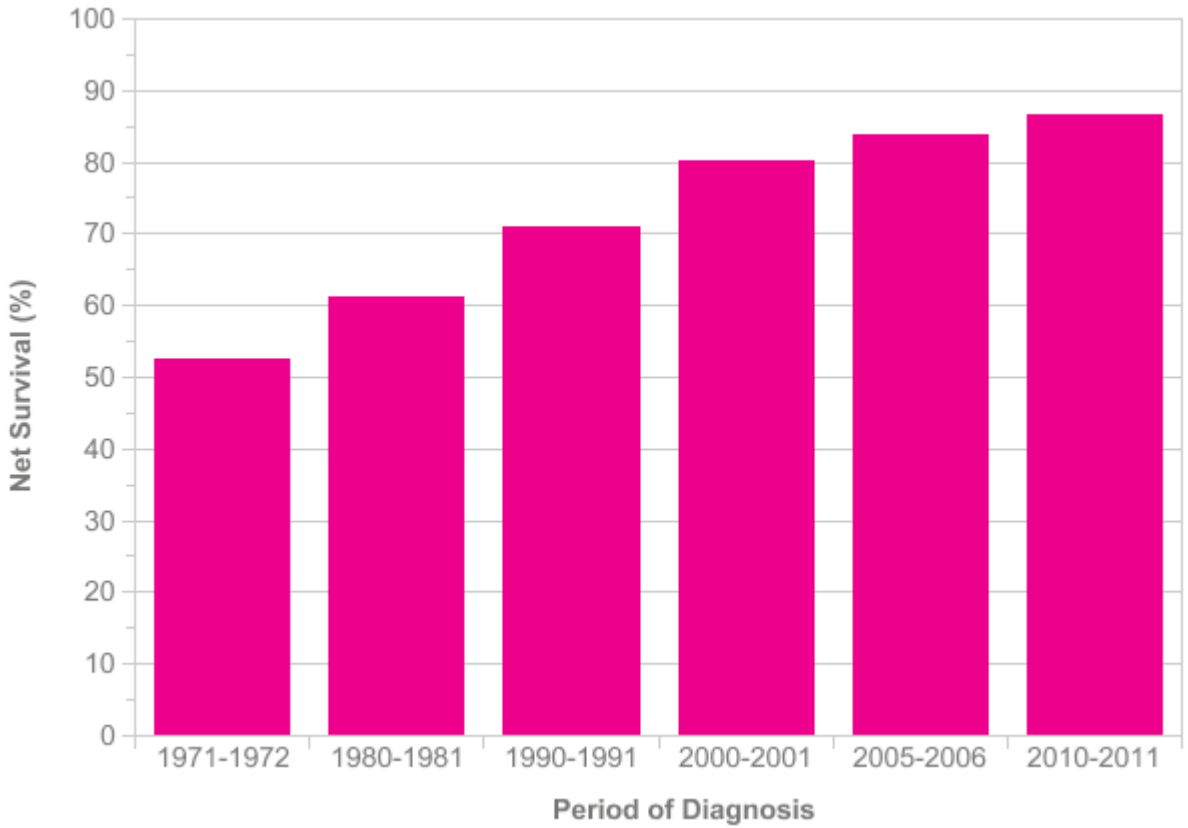
Estimated number of incident cases from 2018 to 2040, all cancers, both sexes, all ages



International Agency for Research on Cancer

World Health Organization

5 year survival improving over time:1971-2011



'We've got a health system that's the envy of the world,' minister tells cancer charities

RACHEL THOMAS
Last updated 16:53, August 9 2017

RICKY WILSON/FAIRFAX NZ

Health Minister Jonathan Coleman made his comments at a cancer debate on Tuesday night in Wellington.

CANCER RESEARCH UK

We are better than low, middle income countries

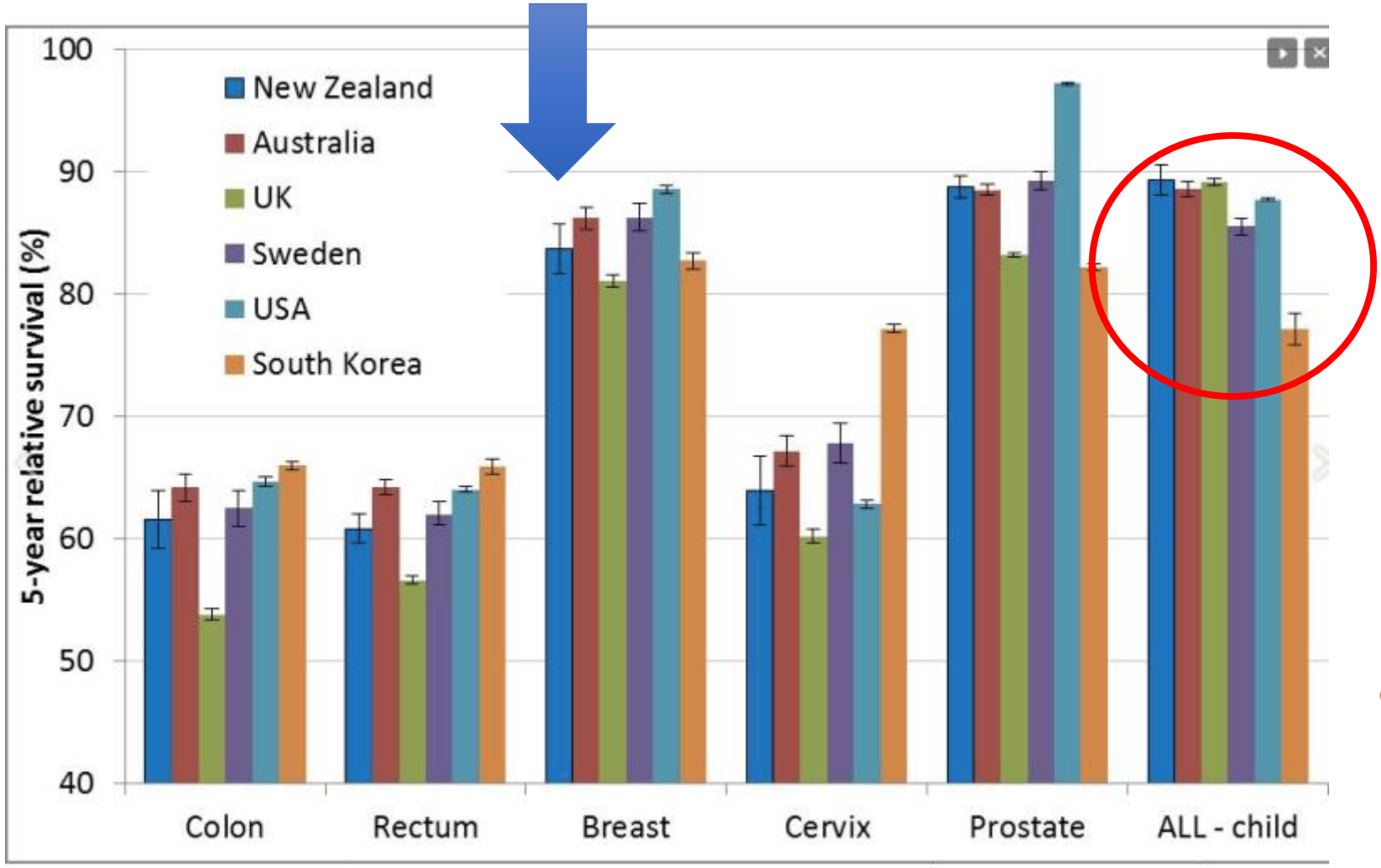
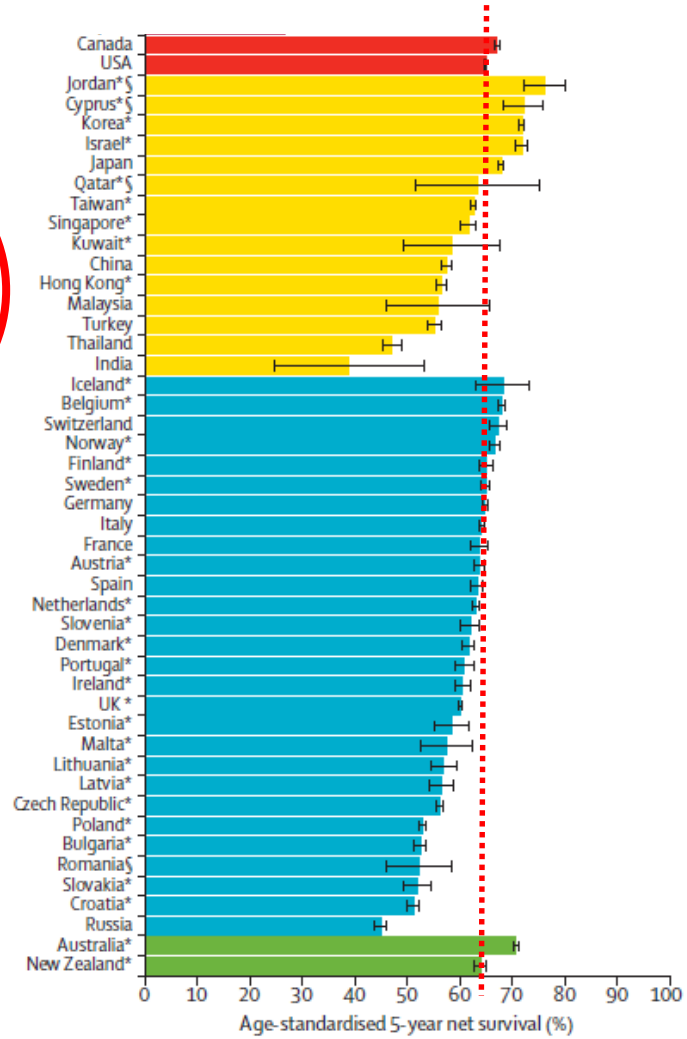


Figure 2: Five-year relative survival for 6 higher survival cancers in selected countries, 2005-09 (Source: Allemani et al 2014) *Item 2 of 3*



5 yr survival for CRC.

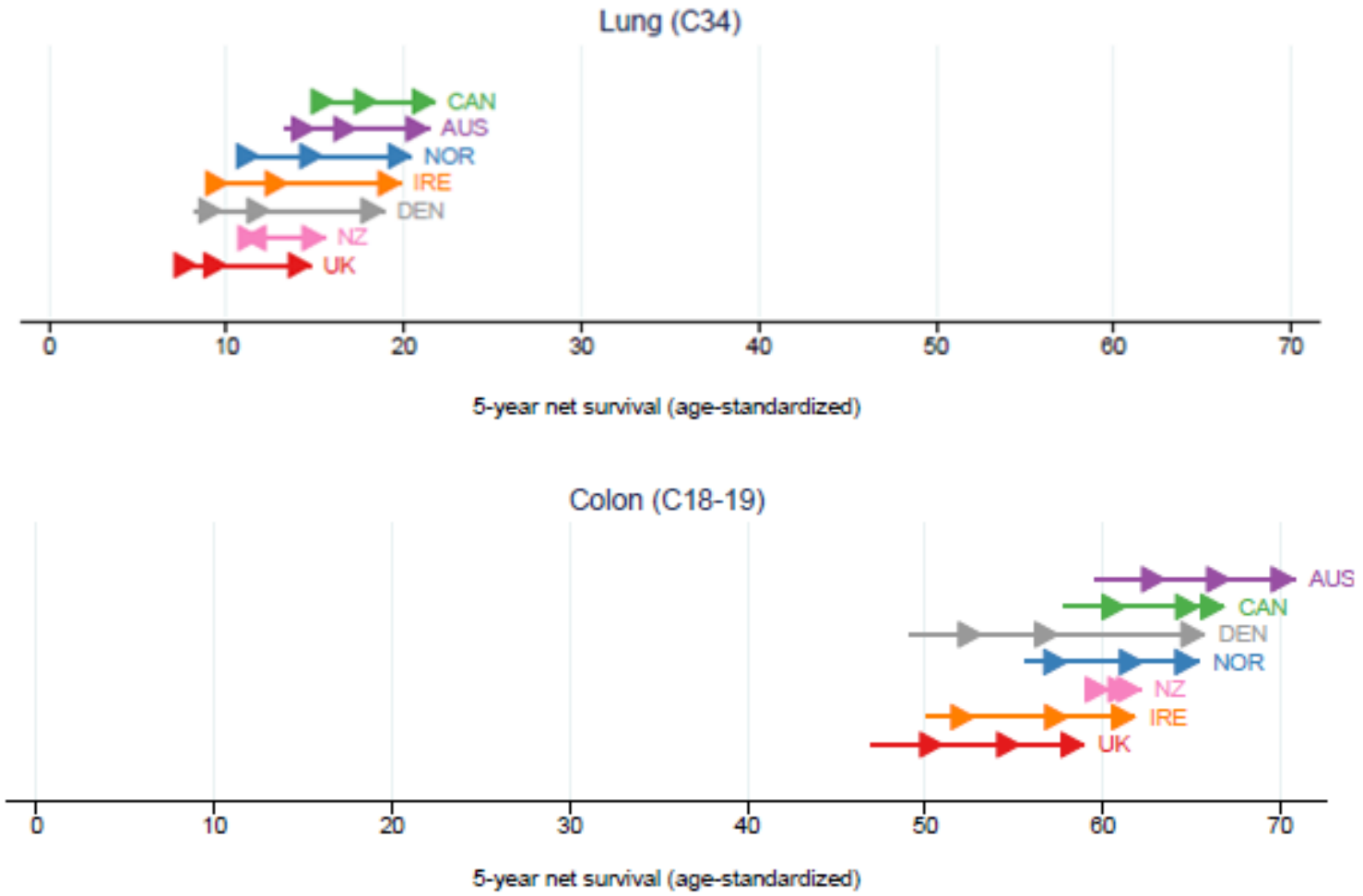
Source: CONCORD (Lancet) 2018

Success depends on the comparator

145-7

8-7

Benchmarking against comparators: 1995-2014



5-year net survival indicates likelihood of surviving cancer

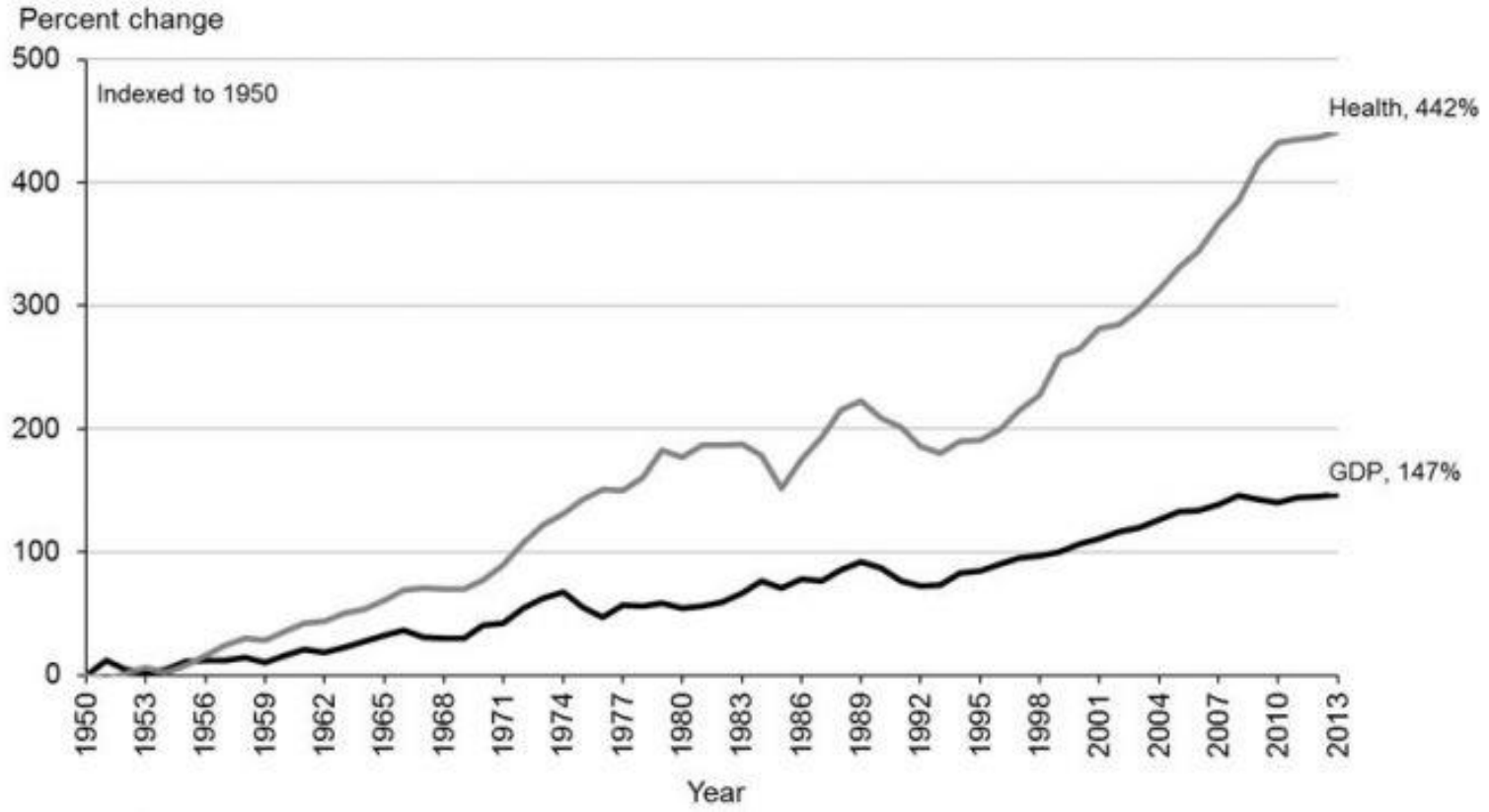
Takes in to account differing incidence (risk factors) and competing causes of death (comorbidity)

Adjusted to standardise comparisons for factors like age

Compared 1 and 5-year net survival, and looked at changes over time

International Cancer Benchmarking Project, SurvMark-2. *In press.*

Real percentage growth per capita of government core health spending and GDP



Keene et al NZMJ 27 May 2016, Volume 129 Number 1435

Investment in cancer services:

Duncan Garner: Labour has 'finally woken up' on Pharmac cancer drug funding

08/08/2019 | Duncan Garner

Reddit Tweet Share

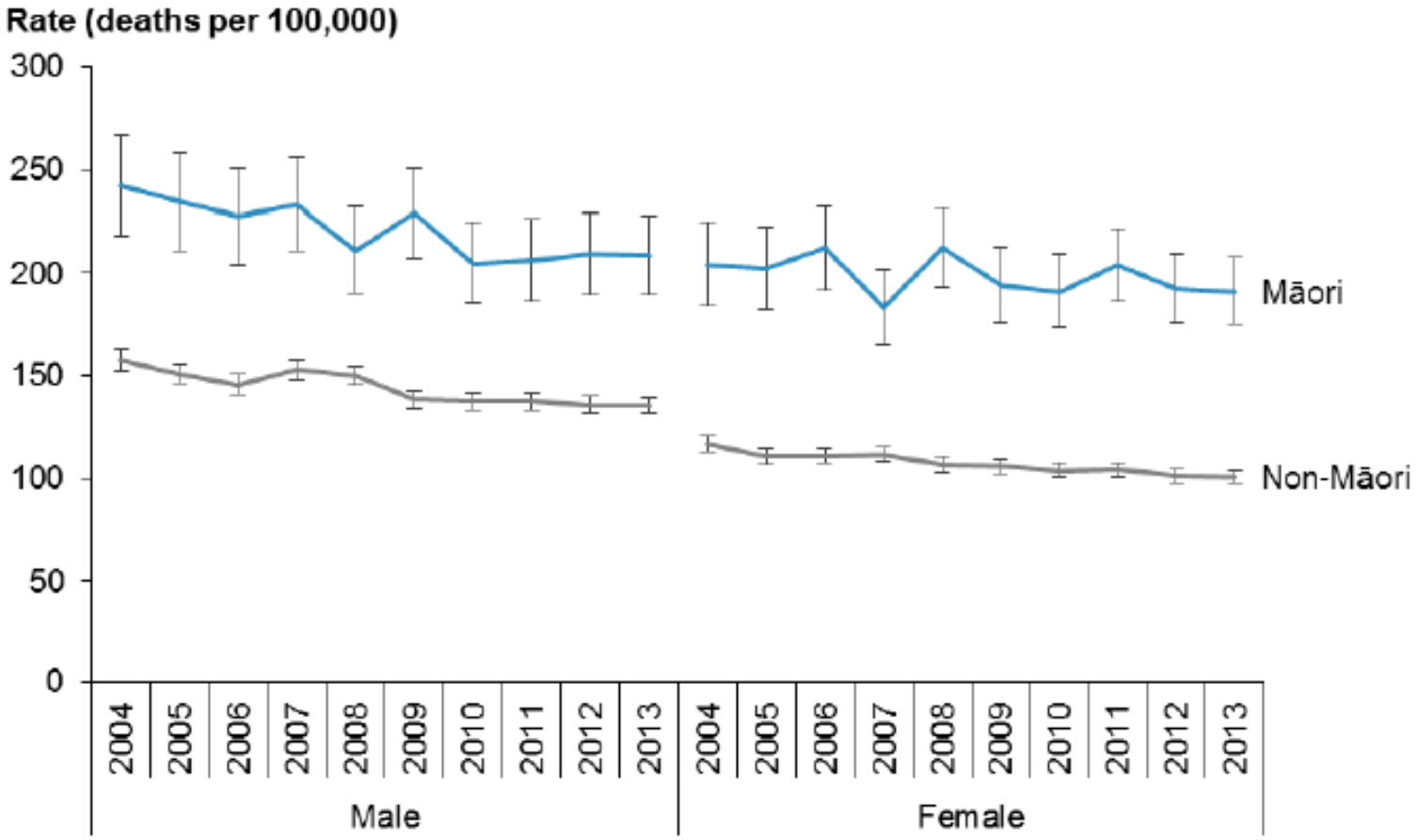
Duncan Garner gave his opinion on The AM Show. Credits: The AM Show.

Prevention → *Screening* → *Early detection & diagnosis* → *Treatment* → *Survivorship, end-of-life*

We can do more with more.

Can we do better with what we have?

Ethnic inequalities persist in NZ



Colorectal cancer – worse outcomes than Aus

Presentations

Investigations

Pathways

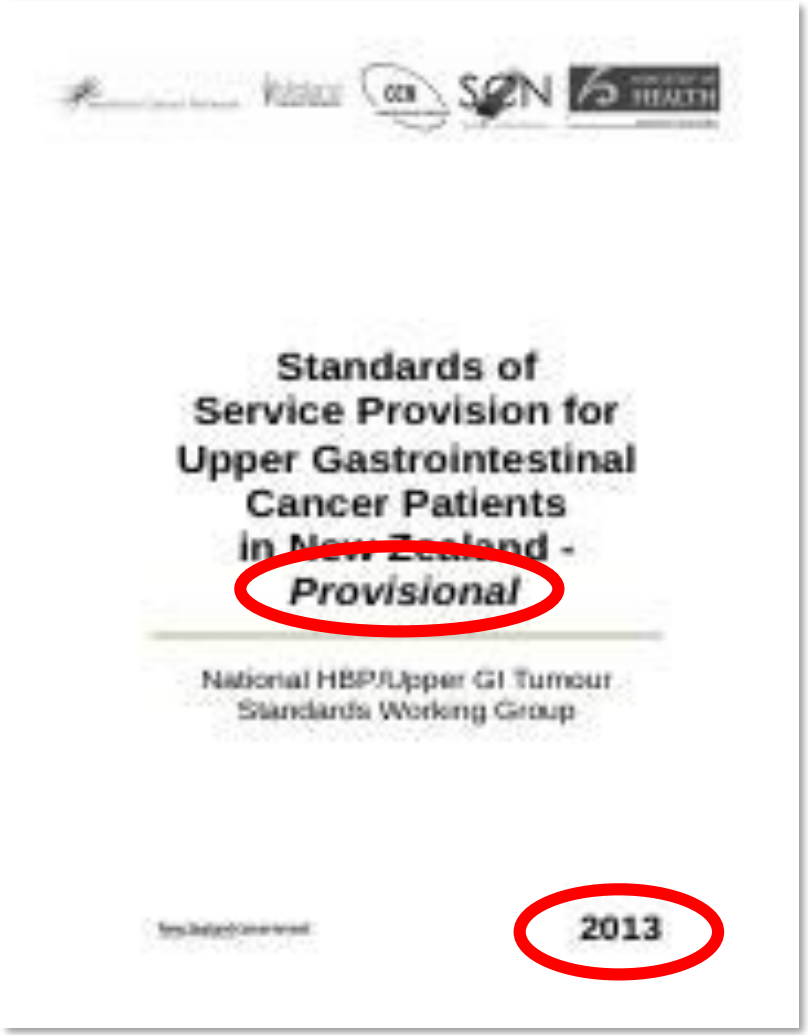
Evaluation

Rx (treatments)

PIPER - Largest national cancer project

- Findings:
  - 30% of patients present acutely
  - Wide variation in radiation
  - Rural patients had similar outcomes
  - Māori, low SES had worst outcomes
  - Variations in several key performance indicators (quality measures)
- Changes:

Failed quality improvement efforts

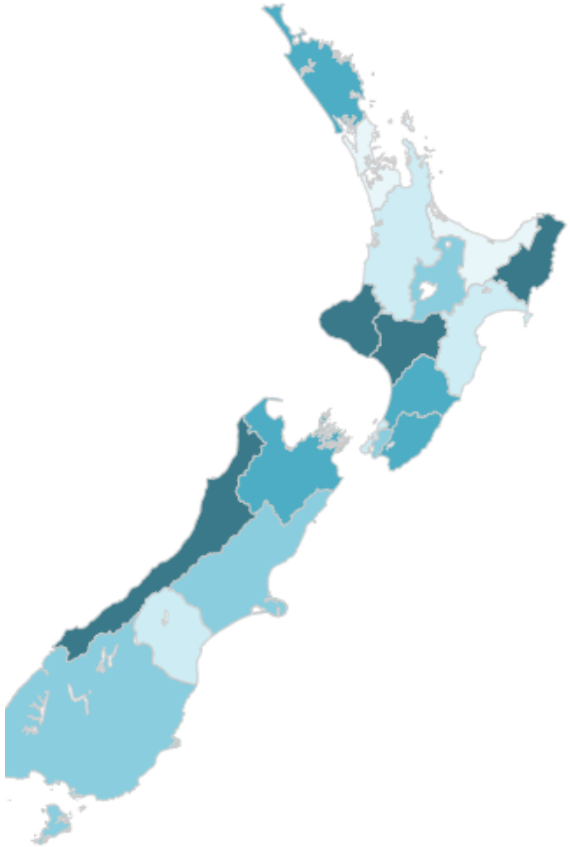


- No funding
- No standardized measurement
- No public reporting
- No consequence
- No impact

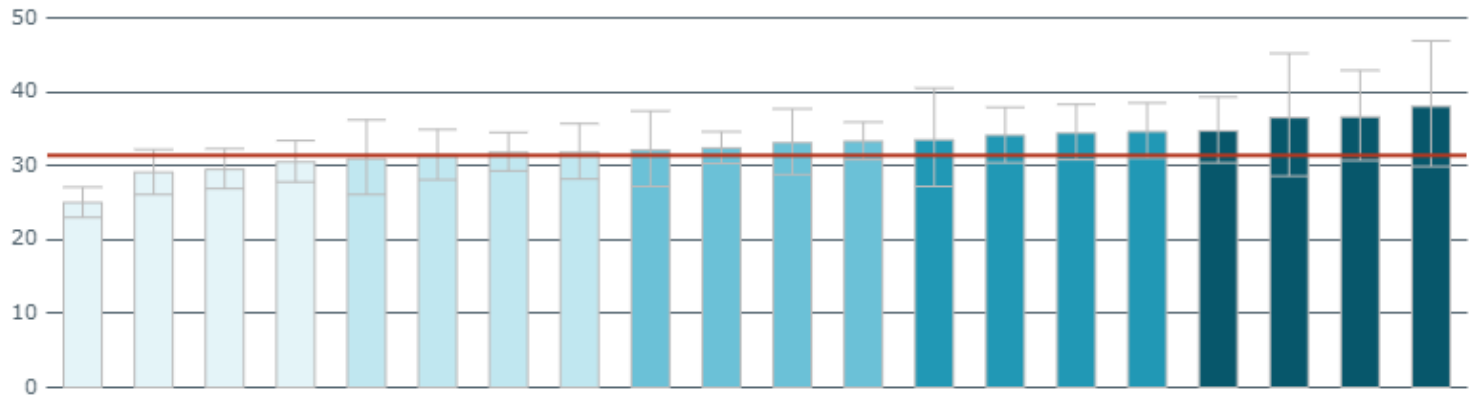
Bowel cancer: variations in survival

HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

11. People with bowel cancer who died within 2 years of diagnosis (%) : By five year average (2009-13)

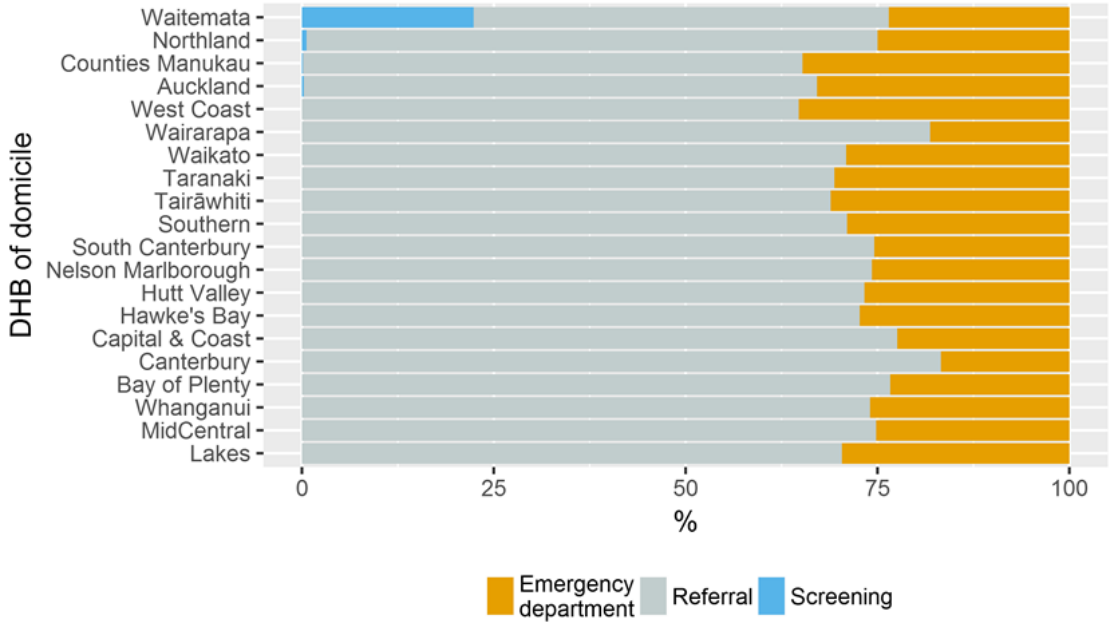


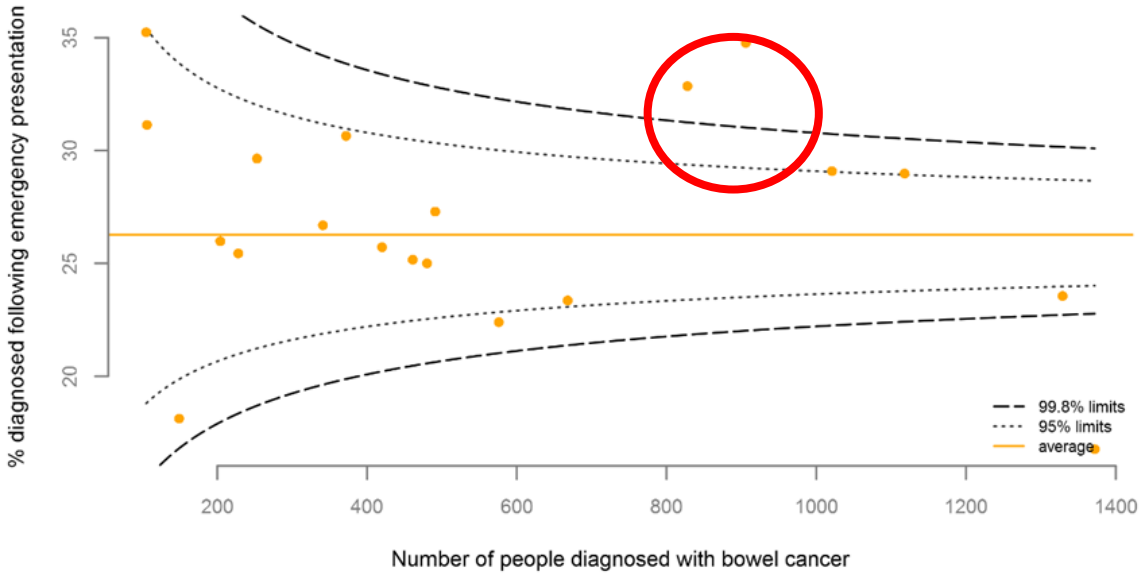
Bar chart: By five year average (2009-13)



NBCWG: Bowel Cancer Quality Improvement Report

Emergency presentation as means of first diagnosis by DHB of domicile



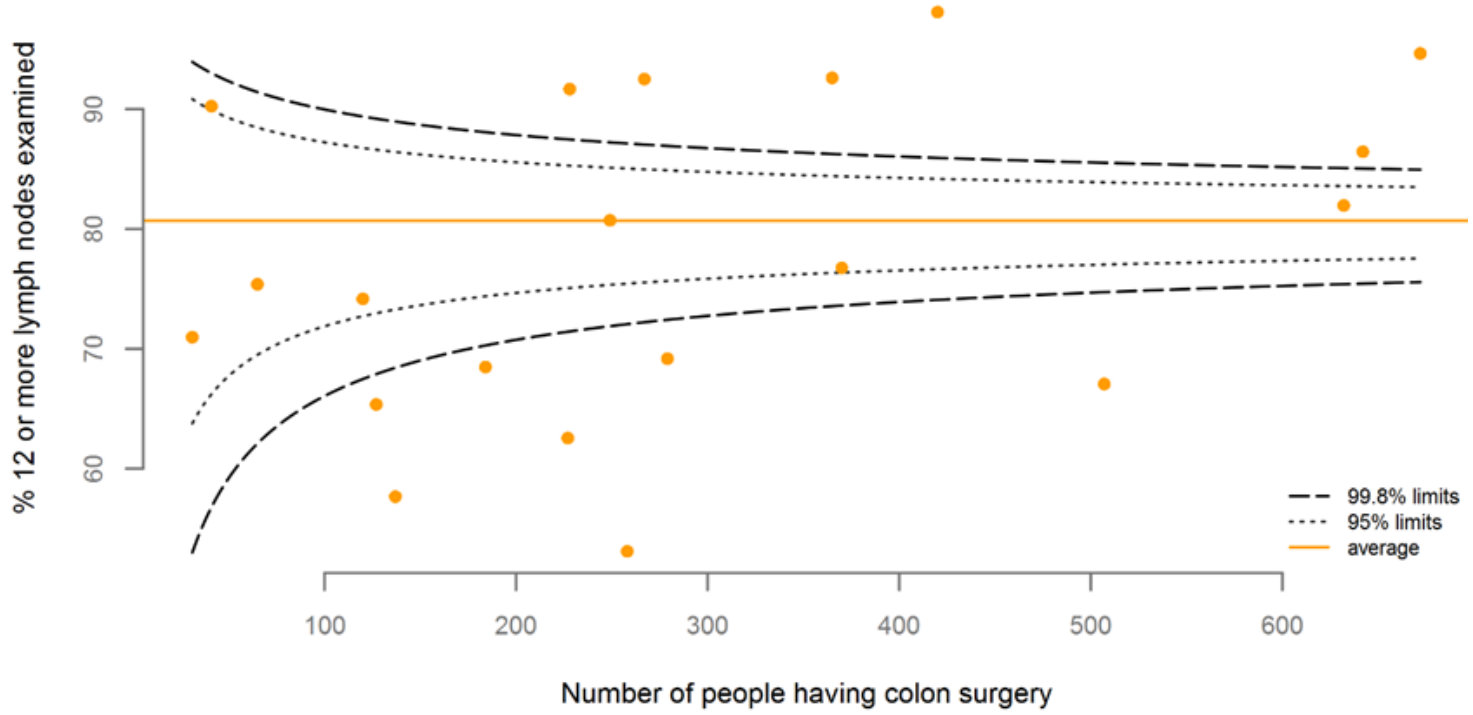


High emergency presentation rates may reflect poorer access to primary care, or difficulty obtaining appropriate diagnostic tests or secondary care

https://www.health.govt.nz/system/files/documents/publications/bowel-cancer-quality-improvement-report-mar19v1.pdf

NBCWG: Bowel Cancer Quality Improvement Report

Proportion with >/= 12 lymph nodes by DHB, 2013–16

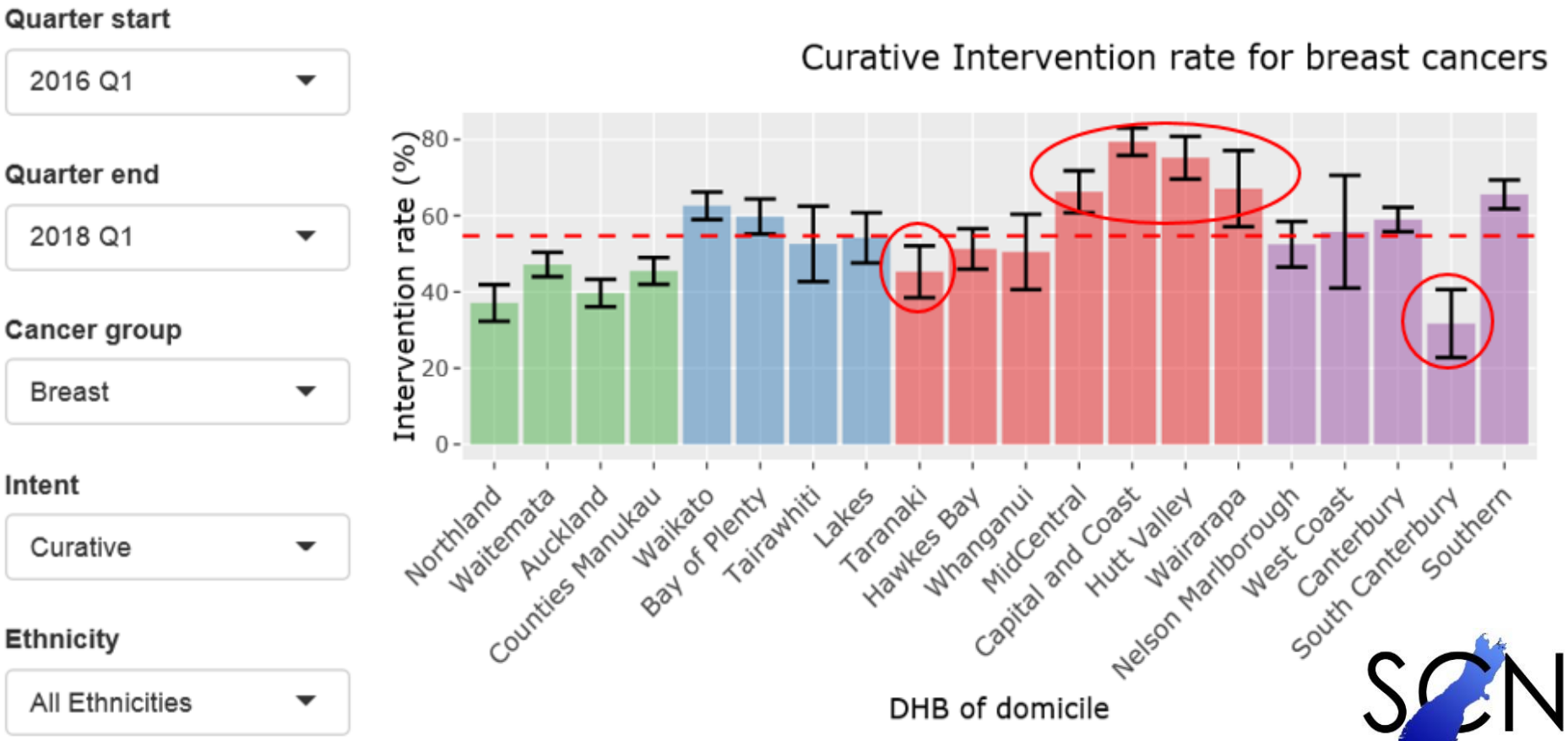


Lymph node harvest:

- Relates to extent of resection
- Reflects adequacy of surgery
- Ensures sufficient info for staging
- Is a feature of quality pathology analysis
- Is independently associated with overall survival

Variation in care impacts on resource utilisation

https://minhealthnz.shinyapps.io/radiation-oncology-online-tool-test-version-2/



Slide courtesy of Dr Shaun Costello

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Breast cancer: variation in radiotherapy schedule

Quarter start

2017 Q2

Quarter end

2018 Q1

Cancer group

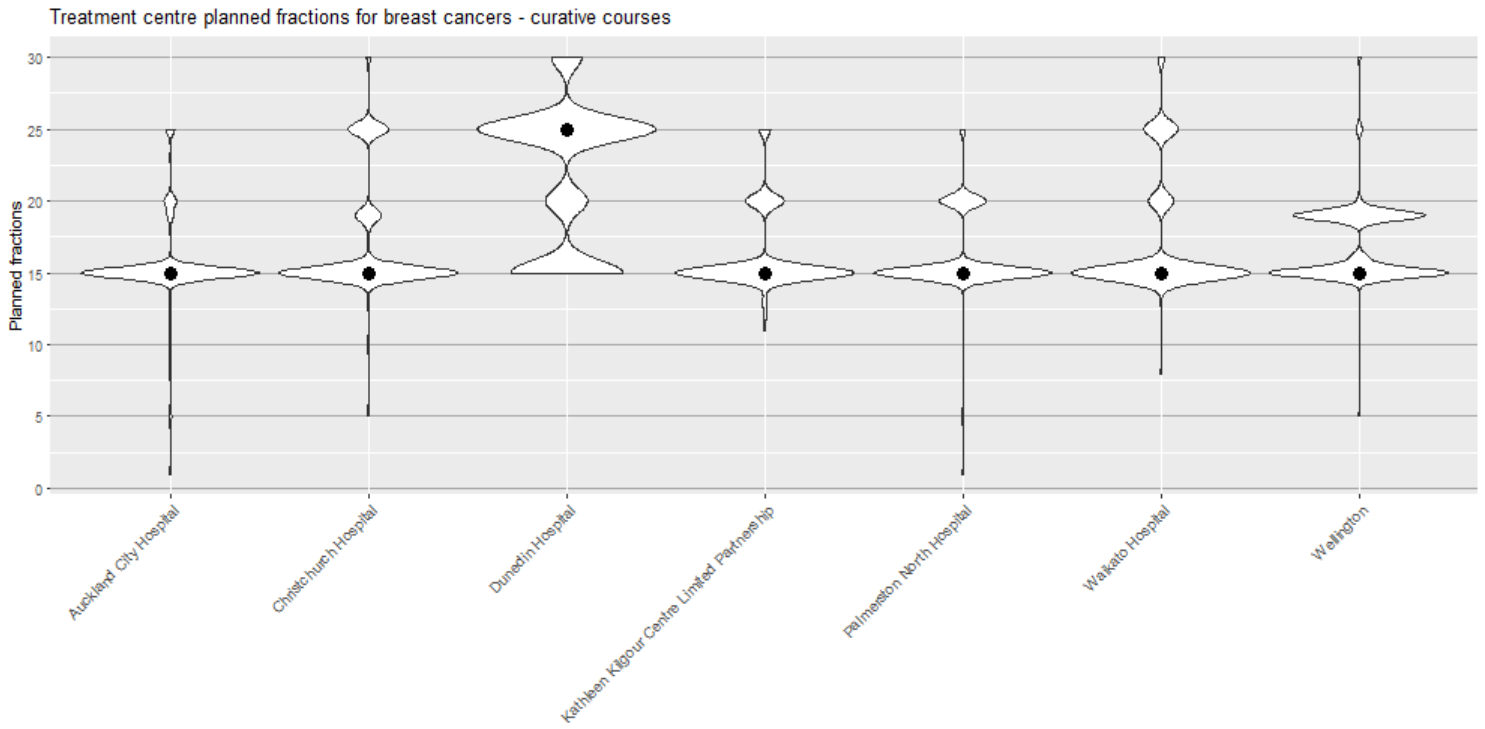
Breast

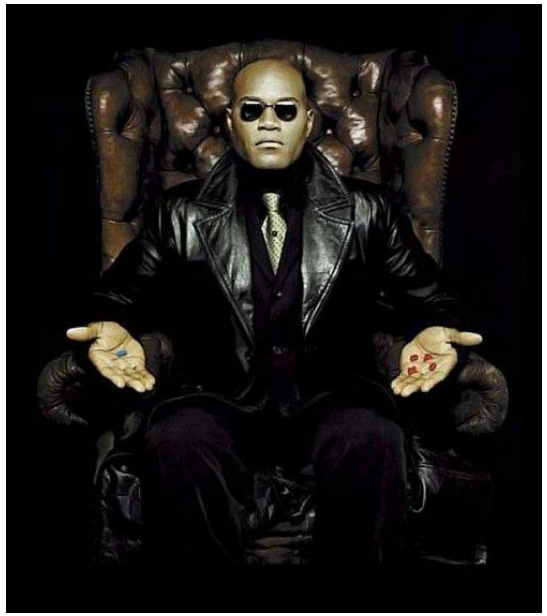
Intent

Curative

Ethnicity

All Ethnicities



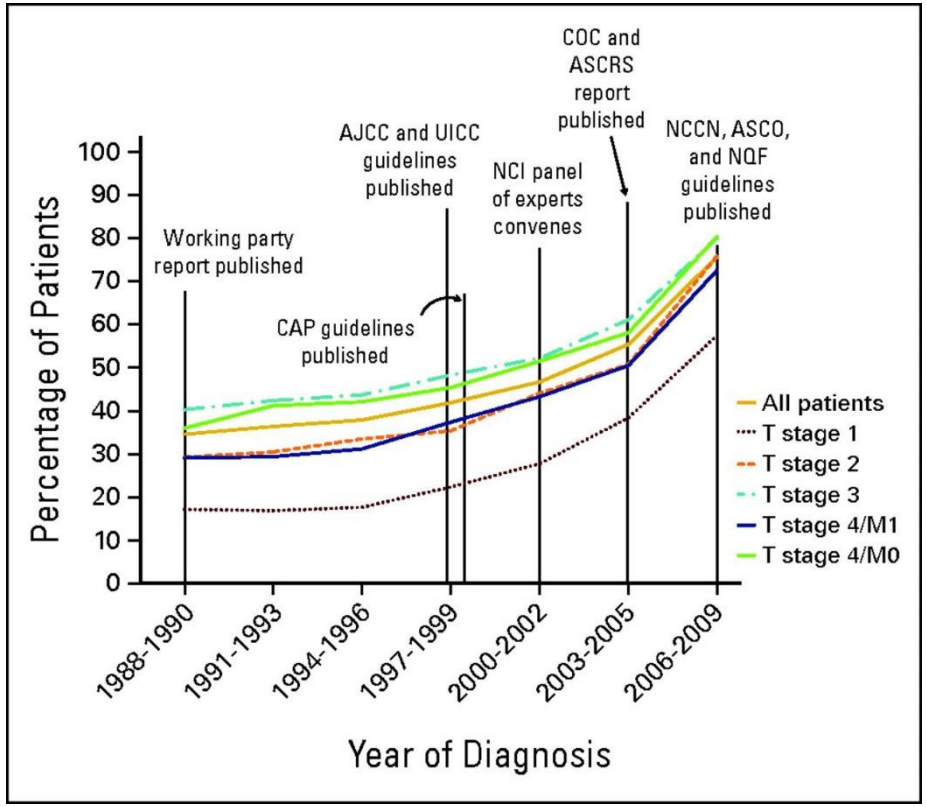


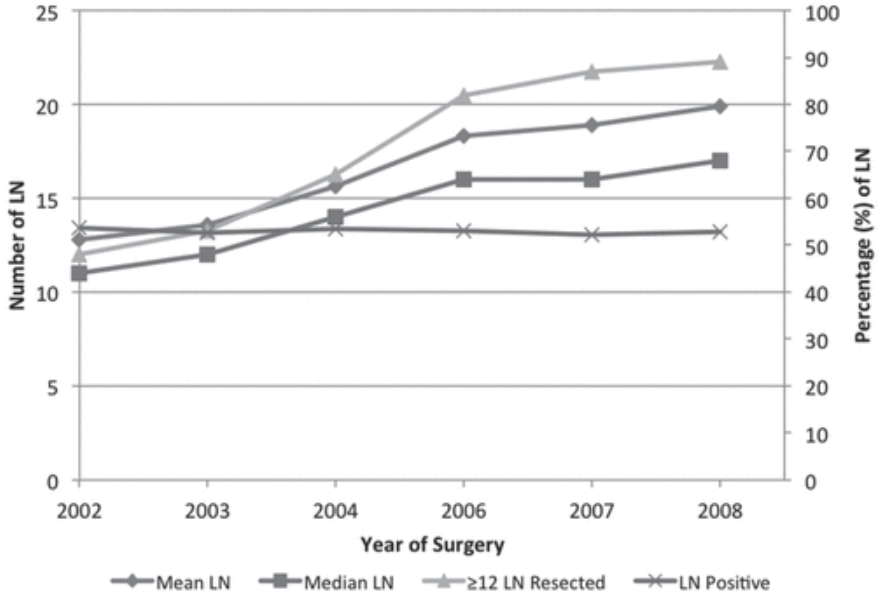
Southern Cancer Network

Many many other variations:

- Access to diagnostics
- Waiting times
- Bowel screen roll out
- Genomics
- Specialists or generalists
- Radiation (LINACs)
- Tyranny of distance

National quality improvement initiatives work





	Stockholm I (n=686)	Stockholm II (n=481)	TME project (n=381)	p*
Local recurrence	103 (15%)	66 (14%)	21 (6%)	<0·0001
Distant metastases	107 (16%)	87 (18%)	54 (14%)	0·26
Death from rectal cancer	104 (15%)	77 (16%)	35 (9%)	0·002
Death from intercurrent disease	74 (11%)	26 (5%)	45 (12%)	0·06

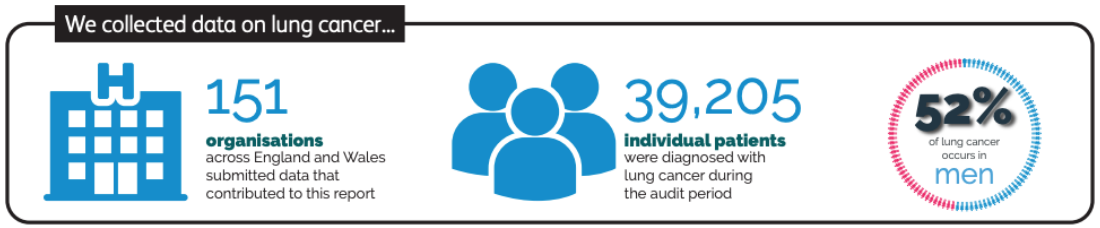
*For Stockholm I and II *vs* TME project.

Table 4: **Crude rates of local recurrence, distant metastases, and mortality at 2 years of follow-up**

Journal of Oncology Practice 2013 9e164-e171.
Lancet Volume 356, Issue 9224, 8 July 2000, Pages 93-96

National Lung Cancer Audit

Summary of results from patients diagnosed in 2017



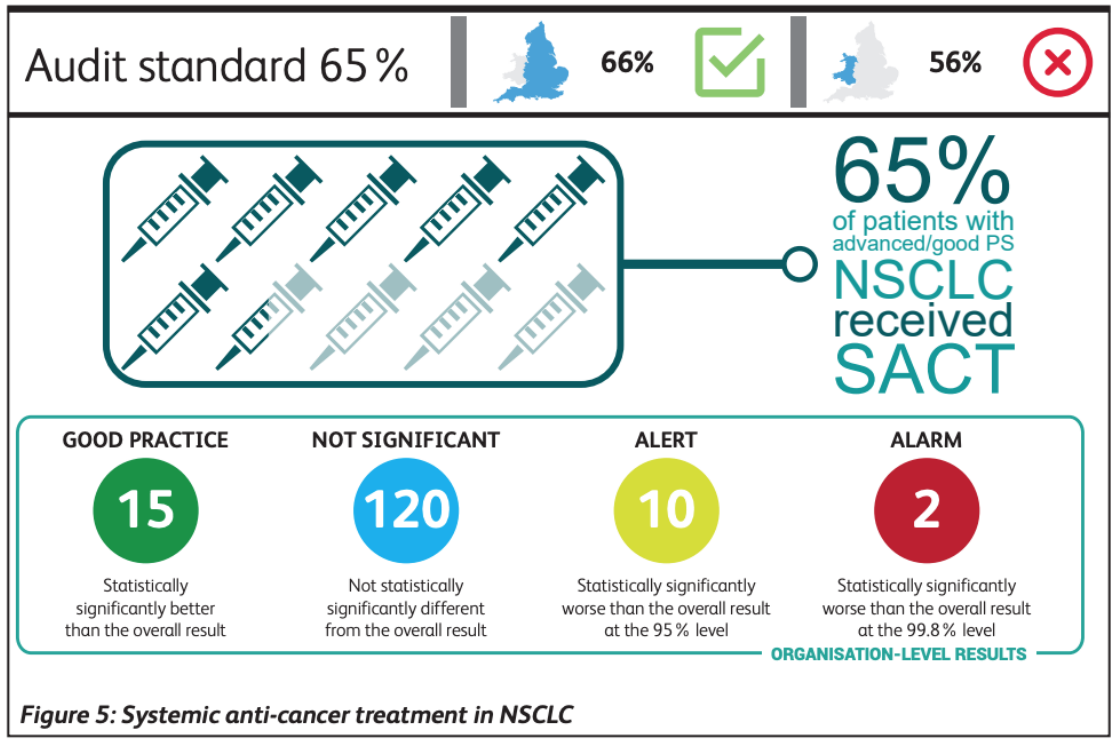
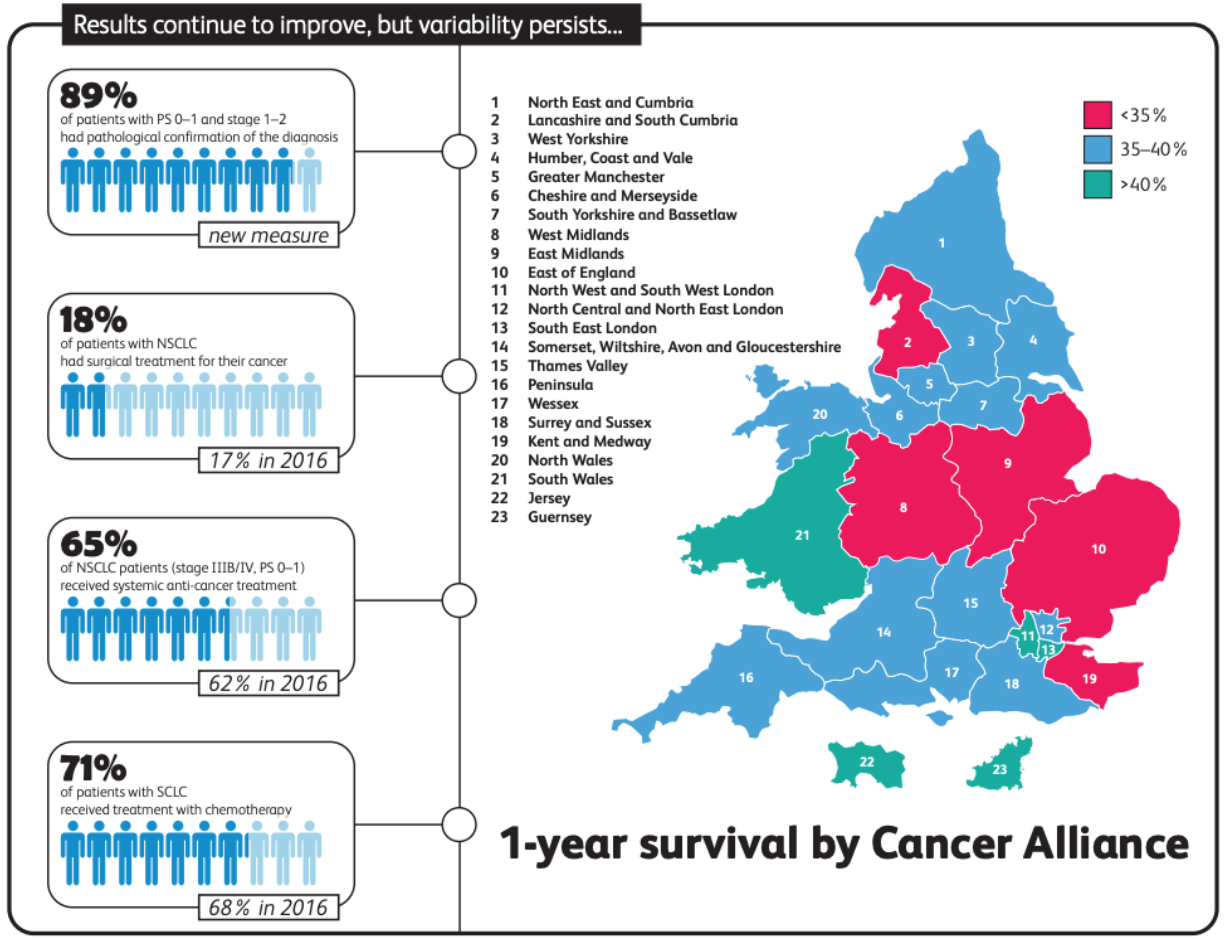
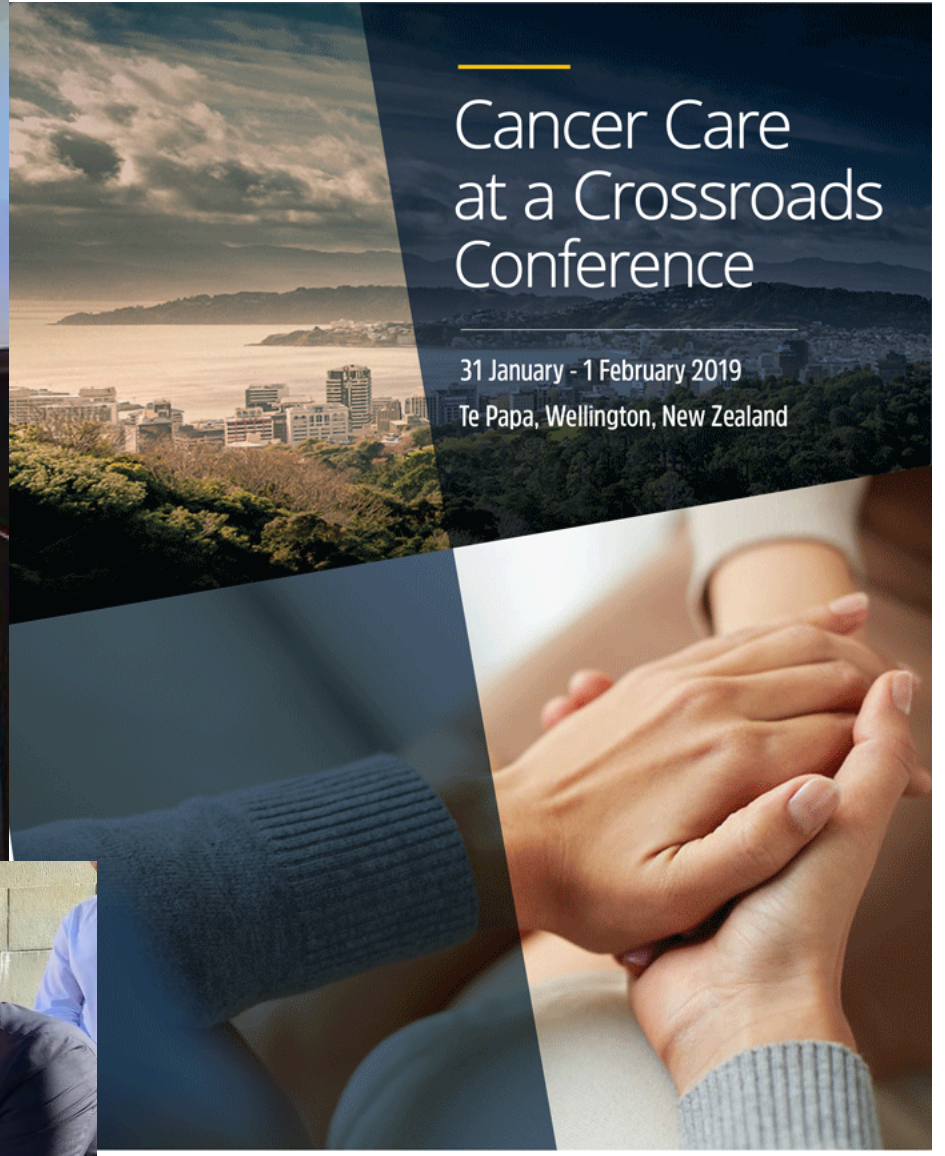


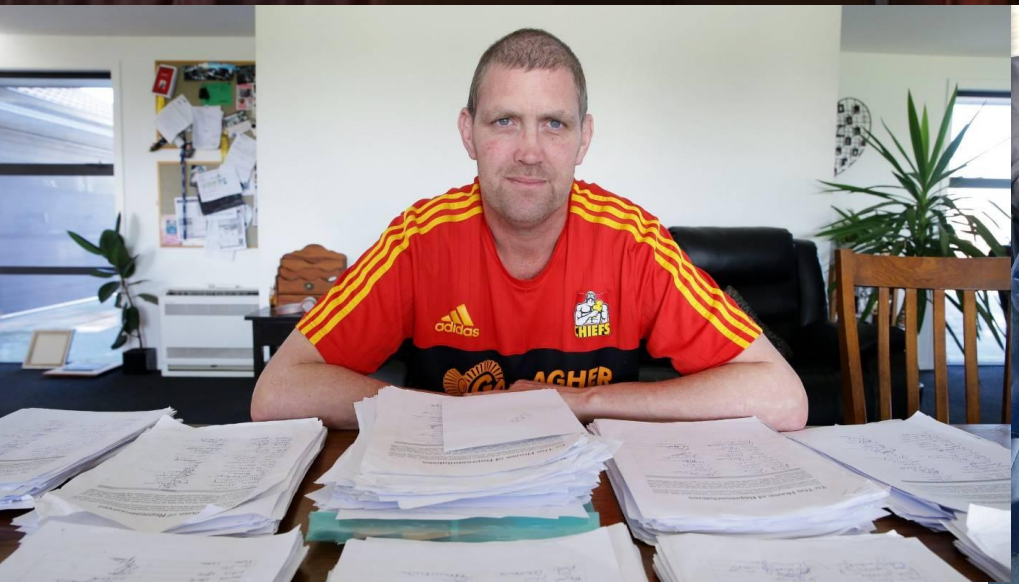
Figure 5: Systemic anti-cancer treatment in NSCLC



What can we do?

- Our (relatively) poor outcomes are not fixed
- We can do more with more
- Addressing variation in practice can:
  - Save money
  - Free up resource for other effective interventions
  - Improve quality
  - Improve survival
  - Do the right thing.





Cancer Society
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o Aotearoa

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