

PROSTATE CANCER SUMMIT

SUMMARY REPORT 2020



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VTSummit



Victorian Tumour Summits

SUMMARY REPORT

Improving prostate cancer care in Victoria

THE PROSTATE CANCER 2020 SUMMIT was a repeat summit, building on the first prostate summit held in 2016. The 2020 Summit was an online event due to COVID-19. The Summit presented statewide data and facilitated two sessions of small group work to plan local investigation and action from the Summit.

Incidence and Survival

INCIDENCE OF PROSTATE CANCER in Victoria (2014–2018) was analysed, according to Integrated Cancer Service (ICS) region and patient socio-economic position. While there was variation between ICS, there was not significant variation in the incidence of prostate cancer between metro and regional ICS. However, when analysed by socio-economic position (2009–2018), there was higher incidence in the most advantaged group.

COVID-19 has caused a reduction of 25.6 % from expected numbers of observed notifications of prostate cancer, based on comparison between 2019 and 2020 data.

Five-year survival rates vary between ICS (2014–2018), the highest rate being 96% in a metro ICS, and with regional ICS falling within a <10% margin of this figure. Reasons for variation are likely to be complex and require further local investigation to identify the right causes and solutions. There is a higher rate of diagnosis of high-grade prostate cancer in the most socio-economically disadvantaged group. This, as well as differences in treatment, may explain some variation.

Since the last summit...

There were three large-scale projects to come out of the 2016 prostate cancer summit:

- ◇ Encourage all health care providers to contribute to the Prostate Cancer Outcomes Registry and encourage the Registry to share findings with local clinical groups
 - ⇒ **Percentage of men participating in the Registry has increased from ~66% in 2016 to ~90% in 2019**
- ◇ Improve community awareness and GP implementation of the NHMRC testing guidelines for PSA
 - ⇒ **Victorian Cancer Registry data shows ~6,000 men diagnosed with prostate cancer in 2019, compared to ~4,000 men in 2014. The rate of diagnosis is directly proportionate to the number of PSA tests done.**
- ◇ Address quality of life issues for men after diagnosis of prostate cancer through a coordinated approach using existing and integrated models of care
 - ⇒ **Men supported in the TrueNTH project reported lower sexual dysfunction compared to the control group**

Data sources*

	Linked data set (prostate cancer)			Unlinked data set (prostate cancer)
	VCR	VAED	VRMDS	PCOR Vic
Coverage	100% of Vic	All Vic health services except Albury	All Vic radiotherapy centres	VCR through participating health services (6 in 2008, now ~90% pop. coverage)
Years	2008 – 2018	2008 – 2019	2011 – 2018	2008 – 2019
Number	54,000 patients	703,000 hospital admissions	18,000	25,981 patients consented
Purpose	Monitoring cancer population outcomes	Reimbursement of hospital activity	Reimbursement of hospital activity	Patterns of disease, management and patient-reported outcomes for quality improvement and research

*Also includes unlinked data from the DHHS Cancer Performance Indicator Audit

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SUMMARY REPORT 2020 CONT.



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PROFESSORS JEREMY MILLAR and Damien Bolton, working party co-chairs, presented in the first online summit session. Important variations identified for discussion were:

1. Consumers experienced variation in information and support at diagnosis and during treatment planning
2. Variation in access to multidisciplinary meeting discussion
3. Variation in access to prostatectomy by SEIFA status and geography
4. Variation in surgical volumes
5. Variation in access to RT (brachytherapy), balance of surgery and radiotherapy

PROFESSOR JEREMY MILLAR presented in the second online summit session. Important variations identified for discussion were:

6. Consumers experienced variation in the identification and addressing of prostate patients' needs (especially emotional, financial and fatigue-management needs)
7. Variation in survival across ICS regions, but also variation by ICS in stage and grade at diagnosis that might account for this survival variation
8. Variation in quality of life at 12 months after treatment across Victoria.



PROF
JEREMY
MILLAR



PROF
DAMIEN
BOLTON

WORKING

Damien Bolton	Gay Corbett	Ian Davis	Sue Evans
Adam Landau	Jonathan Lewin	Jeremy Millar	Paul Mitchell
Declan Murphy	Nathan Papa	David Pook	Neetu Tejani

PARTY

Eight groups, based on the ICS regions, discussed variations identified from Summit data, local considerations and consumer feedback:

- BSRWICS 1. Variation in information and support at diagnosis and treatment planning
7. Survival by ICS region
- GICS 2. Variation in access to multidisciplinary meeting discussion
6. Identification and addressing of prostate patients' needs
- GRICS 2. Variation in access to multidisciplinary meeting discussion
7. Survival by ICS region
- HRICS HRICS noted data considerations unique to the region. Local considerations discussed included access to supportive care, time for patients to make decisions and robotic surgery
7. Survival by ICS region – access to information and support targeting underserved populations
- LMICS 1. Information and support at diagnosis and treatment planning
3. Prostatectomy by SEIFA status and geography
Local considerations of side effects/toxicity of treatment and use of supportive care screening tool
- NEMICS 3. Prostatectomy by SEIFA status and geography
- SMICS 1. Variation in information and support at diagnosis and treatment planning
- WCMICS 1. Variation in information and support at diagnosis and treatment planning
6. Identification and addressing of prostate patients' needs

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EVALUATION 2020



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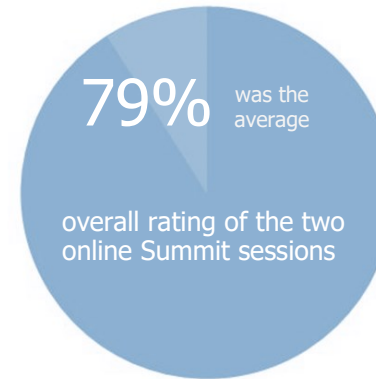
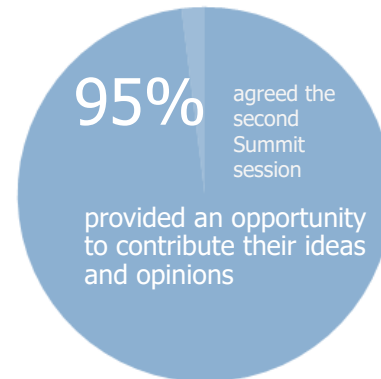


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84 active participants attended the first online session

8/10 participants would attend an online summit again

76% of session two participants thought useful ideas about improving prostate cancer care in Victoria were shared at the Summit



There's a lot of discussion in the 'chat room' and it would be good if this was brought into the discussion where relevant.

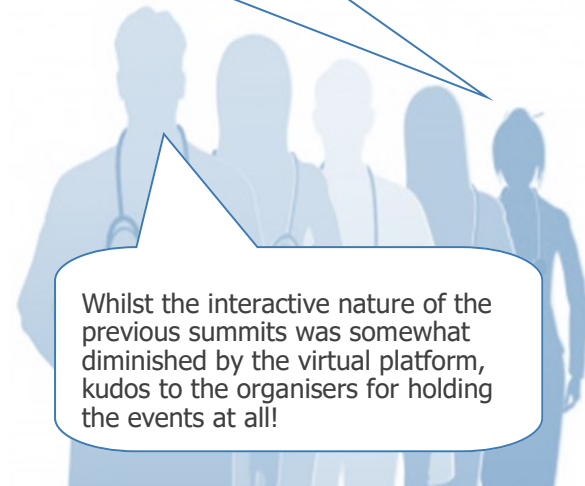
Focus remained on bringing the evidence of variances in the care of the patient and ways to resolve. Well done.

Group discussions need at least 30 minutes discussion time. We were unable to conclude as a group despite good intentions.



Interceptive
Inclusive
Stimulating
Friendly
Interesting
Revisit
Incomplete
Collaborative
Informative

[The data presentation] was well organised and clear.



Whilst the interactive nature of the previous summits was somewhat diminished by the virtual platform, kudos to the organisers for holding the events at all!

Have a question?
contact
Victorian Tumour Summits
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