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A/Prof Paul Mitchell
Chair, Victorian Tumour Summits
Steering Committee

15th March, 2021

Dear Paul,

Re: Victorian Brain Cancer 2020 Summit Recommendations

Thank you for the opportunity to lead the multidisciplinary clinical working party ('the Working Party') tasked with overseeing the organisation of the Victorian Summit in Brain Cancer ('the Summit'). This was an extremely well attended event, both by clinicians and consumers, which raised important variations in care and outcomes in Victoria. In fact it was the second highest attendance of any Victorian tumour summit to date and rated an average 8/10 by attendees.

On behalf of the Working Party, we would like to ensure that findings and conclusions of the Summit are investigated and acted upon. The Summit data and consumer presentations outlined variations in care and/or outcomes, which were associated with each ICS. Each of these ought to be investigated and actioned through the ICS concerned.

The following variations were discussed after the Summit and have been prioritised and recommended by the Working Party for further action:

1. Access to early palliative care planning and utilisation 12 months prior to death was identified at the summit as an area for improvement.

It is aimed to increase the number of people with brain tumours participating in early palliative care planning and receiving palliative care services in the 6 to 12 months prior to death. There is not detailed consensus in the literature about how long or how early palliative care should be involved but there are benefits accrued up to at least 6 months before death, and some studies have gone out to 12. For brain tumour patients with poor diagnosis, early identification is important in meeting the benchmark of 6 months to 12 months. Activities around palliative care are currently mostly focused on community palliative care. If patients are truly 'early' then for many, care will be best delivered in Outpatient palliative care, and scoping of these services would be beneficial.

2. There are variations in timeliness to post-surgery radiotherapy across Victoria

The OCP recommends patients with brain tumour radiotherapy be received by within 4-6 weeks post-surgery. Variation up to 8 weeks post-surgery for patients receiving radiotherapy was evident for patients from regional/rural areas. Actions should focus on increasing the number of people with brain tumours who receive radiotherapy within 4-6 weeks post-surgery through timely referrals for patients repatriated to regional areas for radiotherapy.

Further clinical debate is also required about whether 4-6 weeks to radiotherapy impacts patient outcomes.

3. There is variation in length of stay for surgery and biopsy admissions

Longer hospital stay impacts bed availability, funding and patient experience. The Working Party recommend investigating the variation in length-of-stay with a view to reducing the number of people with brain tumour and a hospital length-of-stay greater than 7 days following surgery.

4. Consumers identified coordination of care as an area for improvement, especially for patients with a mix of public/private and metro/regional service delivery.

Increased participation of regional referrers in MDM discussion of patients being referred to regional and repatriated regional Victoria for post-surgery treatment and care is recommended to improve coordination of care. This will be achieved through improving communication and information sharing between clinicians and formalizing referral pathways between metro/regional services. Regional clinicians will also benefit from participation in MDMs as an opportunity to increase professional knowledge of cancer treatment and management of brain tumours and can be promoted by the ICS.

We are looking forward to hearing from you about the outcome of your discussion with the Victorian Tumour Summits Steering Committee and the VICS Network Group regarding our recommendations.

Yours sincerely



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