



Prostate Summit 2016 Summary Report

What is the prostate summit?

The prostate summit provided an opportunity for clinicians from various disciplines to prioritise state-wide actions, that could reduce variations in practice and improve cancer outcomes for men with prostate cancer in Victoria. This was the fourth in a series of tumour specific summits designed to engage clinicians and shape the state cancer reform agenda.

What happened at the summit?

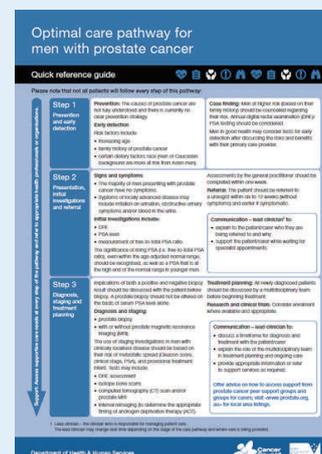
Seventy-one delegates participated in the event including, clinicians and representatives from the [Department of Health and Human Services \(DHHS\)](#), Cancer Council Victoria (CCV), Prostate Cancer Foundation of Australia, [Movember Foundation](#), Victorian Primary Health Care Networks, Victorian Prostate Cancer Outcomes Registry (PCOR) and [Victorian Integrated Cancer Services \(VICS\)](#). Professor Robert Thomas, Chief Advisor on Cancer (DHHS), opened the event and introduced the 'Optimal care pathway for men with prostate cancer'. Prof. Thomas highlighted the role of collaboration in addressing variations in cancer care for men with prostate cancer. Prof. Damien Bolton, Co-Chair of the Prostate Summit Working Party, set the scene and outlined the purpose of the day. He encouraged clinicians to use this opportunity to identify a few practical and achievable priority actions that could have a positive impact on patient outcomes.

A/Prof Jeremy Millar, Co-Chair of the Prostate Summit Working Party, [presented data](#) on incidence, survival, disease characteristics and treatment planning of men with prostate cancer across Victoria. The data was collated using the linked Victorian Cancer Registry and hospital data set (Victorian Radiotherapy Minimum Data Set and Victorian Admitted Episode Data set), DHHS Cancer Performance Indicator Audit, and PCOR. The presentation highlighted eight key areas of variations in practice and outcomes. Following the data presentation delegates engaged in small group discussions to identify state or local opportunities for action.

Variations in practice and outcomes for Victorian men living with prostate cancer

1. Age-standardised incidence of prostate cancer fell 39% from 2009-2014. This is highly correlated with the decreasing number of PSA tests.
2. Age-standardised mortality of prostate cancer increased from 1982-1994, then fell 2.5% per annum from 1994-2014.
3. Lower age-standardised incidence in GRICS and WCMICS, and higher in NEMICS and SMICS. This is partly explained by the higher incidences at higher socio-economic status.
4. Men in regional areas are more likely to present with symptoms, have a TURP for diagnosis, and have metastatic and high-risk disease.
5. In regional areas men are less likely to be recorded as discussed in an MDM, and time from diagnosis to treatment is longer.
6. Prostatectomies are the most common treatment, performed in 42 hospitals, more commonly in metro and private facilities.
7. Large variation in modalities of treatment across state even for similar risk disease.
8. Large variation in age-standardised mortality across regions associated with large variation in populations, disease presentation, access to care, and types of care available.

Prostate Cancer Optimal Care Pathway (DHHS, 2016)



Opportunities for action

Six potential action areas were identified:

1. Early diagnosis through the appropriate use of the NHMRC *PSA testing and early management of test detected prostate cancer guidelines*.
2. Minimise the risk of over treating lower risk disease.
3. Better access to Multidisciplinary Team Meetings, especially for rural patients.
4. Better access to MRI scans for regional patients.
5. Universal contribution to PCOR and share data with local clinical groups to evaluate impact on reducing variation and improving outcomes.
6. Improve experience and quality of life for survivors through existing and innovative models of care.



Feedback from attendees

Thirty-seven delegates completed an evaluation questionnaire. The majority agreed the data presented at the summit provided a good summary of evidence, raised relevant topics for discussion and enabled identification of actions to improve prostate cancer.



Recommended areas of action

The Prostate Summit Working Party were tasked with further prioritising post summit actions to become a focus of activities for the next 12 months at the state and local levels.

The following actions are ranked as top three:

1. Universal contribution to PCOR and share data with local clinical groups.

The summit delegates were keen for all Victorian health services to participate in [PCOR](#). This will ensure access to systematic evidence to demonstrate reduction in variations and improved outcomes for prostate cancer patients. The sharing of data with local clinical groups and regular timely feedback provided by engaged participation with PCOR is likely to stimulate improved outcomes at local levels.

2. Address quality of life issues for men with prostate cancer, through a coordinated approach using existing and new integrated models of care.

Many at the summit shared this aspirational goal. This will be a significant challenge to achieve. Many services such as [prostate cancer nurse](#) or nurse practitioner roles, [Prostate Cancer Foundation of Australia](#) the [CCV](#) and innovative projects such as [TrueNorth](#) are providing clinical and psychosocial support over Victoria. The summit presents an opportunity to call for a coordinated approach and a commitment to work on local solutions to local challenges.

3. Earlier diagnosis and management of localised prostate cancer by improving community awareness and GP implementation of the NHMRC PSA testing guidelines.

The [Victorian Primary Health Care Networks \(PHN\)](#) and the Royal College of General Practitioners are undertaking numerous activities in this space. The VICS are collaborating with their PHN counterparts on implementing the [Optimal Care Pathways](#). The Royal College of GPs endorsement of the NHMRC [PSA Testing guidelines](#) is a perfect opportunity to prioritise activities that support GPs and educate the community towards early diagnosis of prostate cancer.

What Next?

The Prostate Tumour Summit Clinical Working Party are formulating a plan of activities for the next 12 months for state-wide and local implementation.

You will be invited to participate in these activities and can expect regular updates from your local ICS, Cancer Council Clinical Networks and the Working Party on the progress of post-summit actions.

If you would like to be involved please contact [Melinda Williams](#).