

Melanoma 2022 Summit

Summary Report



The Melanoma 2022 Summit, co-chaired by A/Profs Phil Parente and Victoria Mar, was held Friday 14 October with 83 active participants. This Summit was the first in the newly activated melanoma tumour stream for the Summits program, and also the first hybrid event held. Participants ranging from regional and metro GPs, clinicians, Integrated Cancer Services team members and allied health, to consumers, peak bodies and Department of Health attended. Together, these attendees brainstormed post-Summit local and statewide improvement ideas.

Summits focus on optimal care pathway steps and reducing unwarranted variations in care that impact patient experience and outcome. Many voices are important in this process and in addition to consumer recommendations presented at the Summit, a presentation was also held on primary care data by GP Dr Malcom Clark.

Demographics, incidence and outcomes

- Mean age at diagnosis is 67, with 57% of patients being male. Eighteen percent of patients have one or more comorbidities. Sixteen percent of patients are in the most disadvantaged quartile and twenty-four percent are in the least disadvantaged.
- Victorians living outside of major cities are 43% more likely to be diagnosed with melanoma
- Male incidence has declined from 34.1 cases per 100,000 in 2005 to 26.2 cases per 100,000 in 2020 and for females 29.4 cases per 100,000 in 2005 to 19.5 cases per 100,000 in 2020
- In the last ten years male mortality rates have dropped from 4.5 to 2.4 deaths per 100,000 and female rates from 1.7 to 1 death per 100,000
- Five-year survival is 93%. There is lower survival regionally for <1mm melanoma thickness. There is significantly poorer survival in the most disadvantaged quartile.



The POLAR (POpulation Level Analysis and Reporting) tool supports quality assurance initiatives in general practice. The Aurora platform facilitates general practice research. These operate in partnership with Primary Health Networks (PHNS). Aurora can look at different cohorts in a GP practice or at bigger fields. Looking at three of the seven PHNs (East Melbourne, South East Melbourne and

Gippsland), the report has 2.3 million de-identified and non-duplicated patient data available from 553 practices. It can tell us indicative data on the number of skin exams, skin cancer diagnoses, biopsies, excisions, and indicative data for referral patterns for patients coded with melanoma. The data shows a reduction in skin checks in Gippsland during the pandemic. Biopsies also reduced in Gippsland during the pandemic. For basal cell carcinoma and melanoma it appeared people still sought primary care and excision. Referrals remained consistent during the period 2018-2021. Conclusions are data collection in general practice is complex. The report was generated using SNOMED and MBS billing codes. It is intended as a demonstration of what is possible with GP data.

Some positives

- Lower rate of disease in SMICS region
- Target documented MDM discussion rate achieved in SMICS
- Target documented supportive care screening rate achieved in BSWRICS
- SMICS has above average surgery in hospital for ≥ 1 mm melanoma thickness
- GICS has above state average surgery in hospital by ICS of residence for < 1 mm
- WCMICS has above average for SLNB
- Almost all ICS above average for surgery within four- and eight weeks
- BSWRICS, GICS and SMICS have more patients having surgery locally
- BSWRICS, WCMICS and SMICS have more patients having SNLB locally

Opening Presentations



Prof Paul Mitchell introduced the event. The melanoma summit is acknowledged as the first summit since covid to be held in person and the benefits of collegiality and networking that come with face-to-face events cannot be understated. The Summit primarily focuses on local ICS improvements with potential for statewide collaborative initiatives held in mind where relevant and possible.

Ms Karen Botting, Cancer Planning Integration and Monitoring Manager, Department of Health, provided the policy context. Optimal care pathways (OCPs) are embedded in the Victorian cancer plan 2020-2024 and summits contribute to the implementation of OCPs. Optimal care pathways are frameworks consisting of a three-document suite. As nationally endorsed guides by multidisciplinary teams, they are for clinicians and patients alike. The summits focus on what is achievable and measurable against OCP guidelines.



The consumer group recommendations are under the theme of:

GOOD CARE SHOULD NOT BE GOOD LUCK! **CONSUMER PERSPECTIVE**

The need for:

- Improved knowledge and management of symptoms and side effects
- Written, rather than verbal, treatment and discharge plans
- Well-coordinated care and information transfer to GPs
- More specialist Melanoma nurses.

With many thanks to the melanoma consumer group and presenters Peter Gourlay and Steve Edmonton

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Clinical working party co-chair A/Prof Phil Parente delivered the Summit data presentation. Variations identified for discussion in small-group work sessions were:

1. Incidence and survival – regional areas have a higher incidence and lower survival rate for <1mm thickness reaching statistical significance in LMICS
2. MDM documentation rates of 40% are significantly less than 85% target and other tumour streams with variation across ICS
3. Supportive care screening documentation rates of 12% are well below the 80% target with variation across ICS (consumer-identified)
4. There is variation in treatment delivered (consumer-identified), timeliness and local access across the state:
 - There is significant variation in proportion of stage 1-3 melanoma patients having a sentinel lymph node biopsy (SLNB) locally. LMICS, NEMICS, HRICS* and GRICS are less likely to receive this locally (including when compared to SLNB for breast cancer)
 - There is variation in patient flow across the state, with GRICS, LMICS, NEMICS, HRICS* residents less likely to receive surgery locally.

(*HRICS data limitation)

PRIORITIES FOR ACTION ON UNWARRANTED VARIATIONS

Small-group work discussion from the day can be summarised into the following five themes: 1) Incidence and outcomes (regional areas have higher incidence and lower survival rates for <1mm thickness); 2) MDM discussion rate of 40%, below 85% target; 3) Supportive care screening documentation rate of 12%, below 80% target; 4) Consumer-identified variation in treatment, timeliness, and local access; 5) Improving patient and carer experience. Potential actions and improvements are:

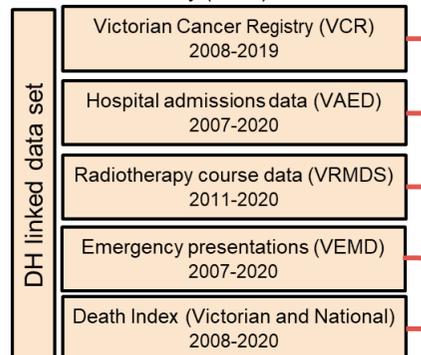
About the data...

What's good about it?

- Reliable linkage program
- General indicative patterns of population-level outcomes

What are the limitations?

- No data on community care/clinical trials
- No MBS or PBS data
- Relies on hospital coding
- Hume Regional Integrated Cancer Service (HRICS) – no admitted surgery, SNLB or IV anti-cancer therapy data for patients treated in Albury (NSW)



Unlinked data sources:

- CSPI medical record audit 2020
- POLAR – Outcome Health
- Participating GP data for Eastern Melbourne, South East Melbourne and Gippsland Primary Health Networks, sourced from MBS numbers and SNOMED codes.

1. Incidence and outcomes
 - Scope local data to better understand patterns of melanoma
 - Review referral pathways to understand delayed presentation
 - Campaign to increase public awareness of seeking early care
2. MDM documentation rate of 40%, below 85% target and other tumour streams
 - Implement risk stratification triage system to ensure patients with highest need present first
 - Establish combined regional MDMs that link to metro MDMs to access specialist skills and services
 - Refer complex cases to Metro MDMs and invite local specialist dermatologists/GPs to regional MDMs, look at regional MDMs
 - Develop guidelines on who should be discussed at MDM
 - Develop standard template to communicate to GPs
3. Supportive care screening documentation rates of 12%, below 80% target
 - Reconfigure MDM plans for consumer/GP use. Early stage melanoma care plans made available. Increase resources at time of diagnosis, such as written handouts. Some resources may already be available from peak bodies.
 - Expand survivorship clinic to include melanoma surgery-only patients, and link these patients to CCV Access project
 - Investigate current usage of supportive care screening tools and delivery of supportive care
4. Consumer-identified variation in treatment, timeliness and local access
 - Better use of My Health Care record
 - Standardised care plans for melanoma patients with room for individual needs
 - GP education and support for local clinicians doing specialist training
 - Refine local referral pathways to ensure GPs/dermatologists know about local services and patients are seen at the right place and time
5. Improving patient and carer experience
 - Patient desire for specialist melanoma nurses, could improve supportive care screening.

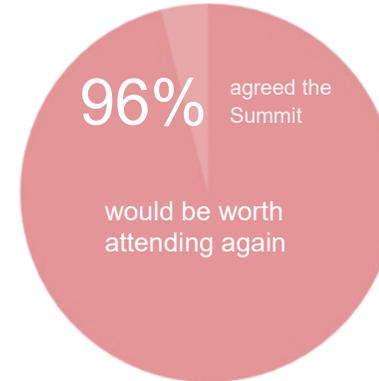
Melanoma 2022 Summit Evaluation



83 active participants attended one online session

48 attendees completed the evaluation (58% of total attendees)
and **RATED** the Summit **8/10**

97% thought the patient video provided a good understanding of patient experience with melanoma cancer care in Victoria



Brilliant to be together in a room with so many people focused on improving care. The buzz during the exercises and the breaks was wonderful. So many great ideas. The day was full, but organised and facilitated really well. A wonderful experience

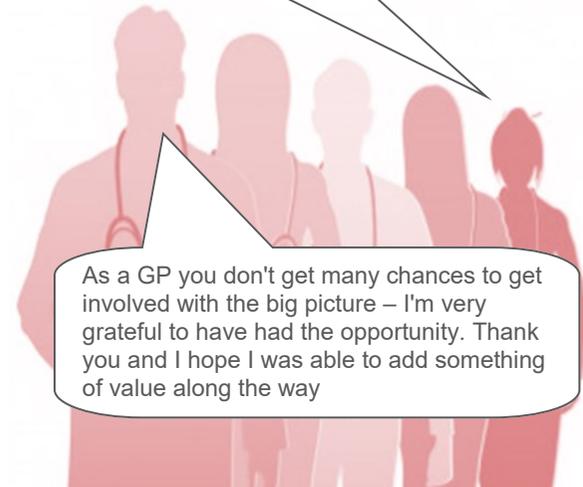
Would love to get a copy of the presentations to spend more time digesting the information

Highlights the importance of data linkage across the various data sources to draw valuable conclusions re quality of care



Insightful
Valuable Stimulating
Inspiring Narrow
Data
Informative
Change Representative Great
Engaging
Important Clarifying Collegial
Engagement
Beneficial Talking
Collaborative
Worthwhile

Highlights the importance of data linkage across the various data sources to draw valuable conclusions re quality of care.



As a GP you don't get many chances to get involved with the big picture – I'm very grateful to have had the opportunity. Thank you and I hope I was able to add something of value along the way



Have a question?
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