Annual Forum 2018/19

A year in review

wcmics
Western & Central Melbourne Integrated Cancer Service
collaborate. facilitate. innovate

Annual Forum

Western & Central Melbourne Integrated Cancer Service

21 November 2019, 4pm to 6pm

4:00pm	**Acknowledgement of Country** **Words from our Chair**
4:15pm	**Rhonda's story: A metro-regional collaboration** Loddon Mallee Integrated Cancer Service Western & Central Melbourne Integrated Cancer Service
4:30pm	**Creating a personalised survivorship care plan: *mycareplan.org.au*** Australian Cancer Survivorship Centre
4:45pm	**Co-PreP: Co-designing a Prehabilitation Program for patients with prostate cancer at Western Health** Western Health
5:00pm	**Road to Recovery: Supporting patients undergoing curative Upper GI cancer surgery with an optimal nutrition care pathway** Western Health St Vincent's Hospital Melbourne Peter MacCallum Cancer Centre Royal Melbourne Hospital
5:15pm	**Pregnancy and cancer: Do our cancer services meet the mental health and supportive care needs of women with gestational cancer?** The Women's
5:30pm	**Cultural adaptation of the Malnutrition Screening Tool and associated education resources** Victorian Cancer Malnutrition Collaborative Peter MacCallum Cancer Centre
5:45pm	**Launch of pancreatic patient resource videos** WCMICS Pancare Foundation
6:00pm	**Event concludes - light refreshments and networking**

Rhonda’s story: A metro-regional collaboration

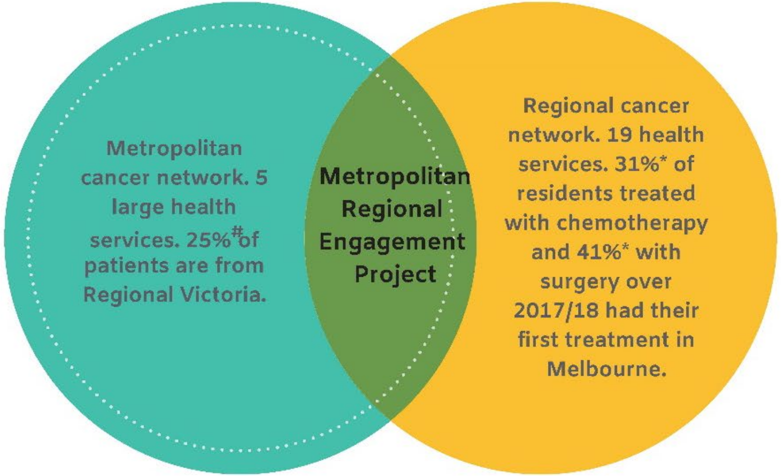
Patricia Calder & Chris Caudle
Metropolitan/Regional Engagement Managers
Loddon Mallee Integrated Cancer Service
Western & Central Melbourne Integrated Cancer Service

lmics
Loddon Mallee
Integrated Cancer Service

wcmics
Western & Central Melbourne Integrated Cancer Service

Metropolitan/Regional Engagement: Working towards sustainable professional networks

The project identified 'transition' and 'communication' as significant themes for regional cancer patients who travel to the city for their treatment.



Metropolitan cancer network. 5 large health services. 25%# of patients are from Regional Victoria.

Metropolitan Regional Engagement Project

Regional cancer network. 19 health services. 31%* of residents treated with chemotherapy and 41%* with surgery over 2017/18 had their first treatment in Melbourne.

Conclusion:

Using shared Project Managers between clinical networks can be an effective way to bridge some of the barriers between Melbourne and Regional clinicians and deliver benefits to patients and carers.

Resource pack created to help patients & carers navigate metropolitan health services.

Regional service directory created to help facilitate referrals back to local services.

The Rhonda Story video portrays the challenges faced by a remote regional family accessing a clinical trial in Melbourne.

Creating a personalised survivorship care plan:

myCarePlan.org.au

Helana Kelly - Manager
Australian Cancer Survivorship Centre
Peter MacCallum Cancer Centre

Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

Australian Cancer Survivorship Centre
A Richard Pratt Legacy

wcmics
Western & Central Melbourne Integrated Cancer Service

AUSTRALIAN CANCER SURVIVORSHIP CENTRE

supporting & enabling

INFORMATION & SUPPORT for SURVIVORS

EDUCATION & TRAINING for HEALTH PROFESSIONALS

CANCER SURVIVORSHIP LEADERSHIP & GUIDANCE

OPTIMAL OUTCOMES for CANCER SURVIVORS & their CARERS

Who is a cancer survivor?

- A person is considered to be a **cancer survivor** from the time of diagnosis, throughout the balance of their life.
- **Survivorship** provides a focus on the health and wellbeing of a person living with and beyond cancer in the time *after* active treatment.
- Recognise the term ‘survivor’ isn’t right for everyone

Principles of Cancer Survivorship, Cancer Australia 2017

What is a survivorship care plan?

- Formal, written document created by the patient’s care team with the patient.
- Includes information about the patient’s cancer treatment, their recommended follow-up, and what they can do to look after themselves.
- Help the patient transition from ‘active treatment’ to ‘after treatment’.
- Assist other healthcare professionals to organise the patient’s care.
- ACSC Fact Sheet: **“Survivorship Care Plans: What they are and how to use them”**

Why are survivorship care plans useful?

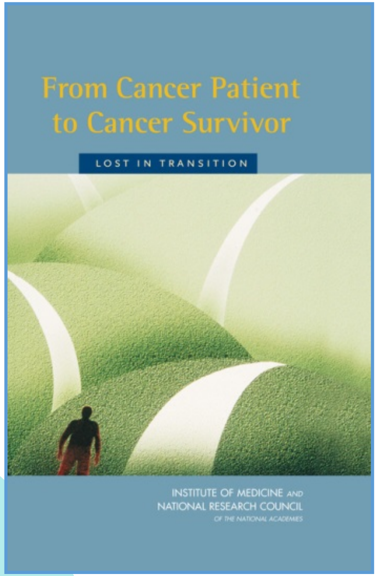
Survivors:

- are often unprepared for the post-treatment phase
- may be unaware of health risks and things that can reduce their risks
- often have symptoms and other issues that are under-recognised / under-treated
- often have too many, poorly-coordinated review appointments
- may travel long distances for reviews

Community health professionals e.g. GPs:

- may not be adequately engaged in the care of survivors
- may not have the information and support they need

Are survivorship care plans endorsed?



From Cancer Patient
to Cancer Survivor

LOST IN TRANSITION

INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

FACT SHEET • NOVEMBER 2005

From Cancer Patient to Cancer Survivor: Lost in Transition
Report Recommendations

The following recommendations, taken from the Institute of Medicine's report, *From Cancer Patient to Cancer Survivor: Lost in Transition*, are directed to cancer patients and their advocates, health care providers and their leadership, health insurers and plans, employers, research sponsors, and the public and their elected representatives.

Recommendation 1: Health care providers, patient advocates, and other stakeholders should work to raise awareness of the needs of cancer survivors, establish cancer survivorship as a distinct phase of cancer care, and act to ensure the delivery of appropriate survivorship care.

Recommendation 2: Patients completing primary treatment should be provided with a comprehensive care summary and follow-up plan that is clearly and effectively explained. This "Survivorship Care Plan" should be written by the principal provider(s) who coordinated oncology treatment. This service should be reimbursed by third-party payors of health care.

Recommendation 3: Health care providers should use systematically developed evidence-based clinical practice guidelines, assessment tools, and screening instruments to help identify and manage late effects of cancer and its treatment. Existing guidelines should be refined and new evidence-based guidelines should be developed through public- and private-sector efforts.

Recommendation 4: Quality of survivorship care measures should be developed through public/private partnerships and quality assurance programs implemented by health systems to monitor and improve the care that all survivors receive.

Recommendation 5: The Centers for Medicare and Medicaid Services, National Cancer Institute, Agency for Healthcare Research and Quality, the Department of Veterans Affairs, and other qualified organizations should support demonstration programs to test models of coordinated, interdisciplinary survivorship care in diverse communities and across systems of care.

Recommendation 6: Congress should support Centers for Disease Control and Prevention, other collaborating institutions, and the states in developing comprehensive cancer control plans that include consideration of survivorship care, and promoting the implementation, evaluation, and refinement of existing state cancer control plans.

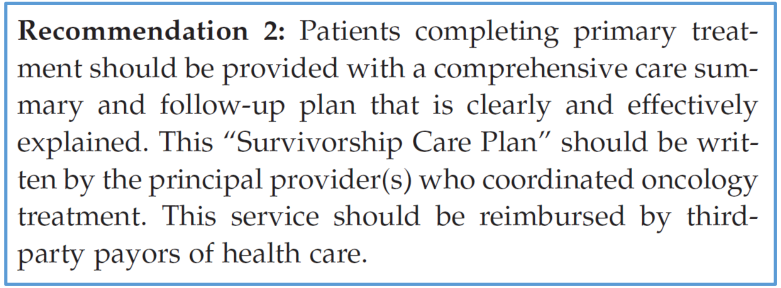
Recommendation 7: The National Cancer Institute, professional associations, and voluntary organizations should expand and coordinate their efforts to provide educational opportunities to health care providers to equip them to address the health care and quality of life issues facing cancer survivors.

Recommendation 8: Employers, legal advocates, health care providers, sponsors of support services, and government agencies should act to eliminate discrimination and minimize adverse effects of cancer on employment, while supporting cancer survivors with short-term and long-term limitations in ability to work.

Recommendation 9: Federal and state policy makers should act to ensure that all cancer survivors have access to adequate and affordable health insurance. Insurers and payors of health care should recognize survivorship care as an essential part of cancer care and design benefits, payment policies, and reimbursement mechanisms to facilitate coverage for evidence-based aspects of care.

Recommendation 10: The National Cancer Institute, Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid Services, Department of Veterans Affairs, private voluntary organizations such as the American Cancer Society, and private health insurers and plans should increase their support of survivorship research and expand mechanisms for its conduct. New research initiatives focused on cancer patient follow-up are urgently needed to guide effective survivorship care.

Drawn from *From Cancer Patient to Cancer Survivor: Lost in Transition*, 2006 • Institute of Medicine • www.iom.edu



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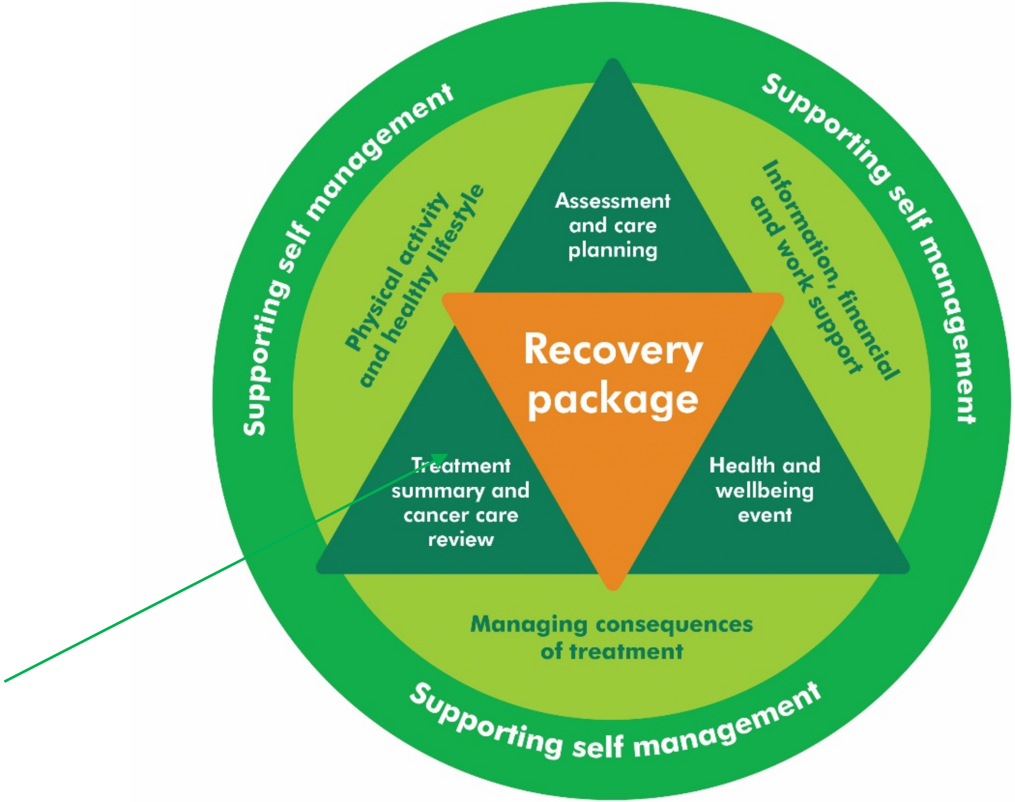
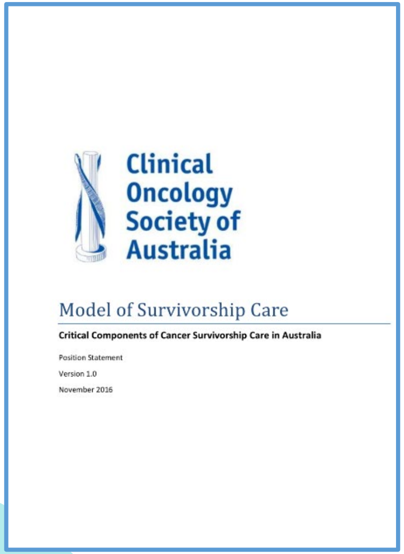

Supporting self management
Supporting self management
Physical activity and healthy lifestyle
Assessment and care planning
Information, financial and work support
Recovery package
Treatment summary and cancer care review
Health and wellbeing event
Managing consequences of treatment
Supporting self management



Clinical Oncology Society of Australia

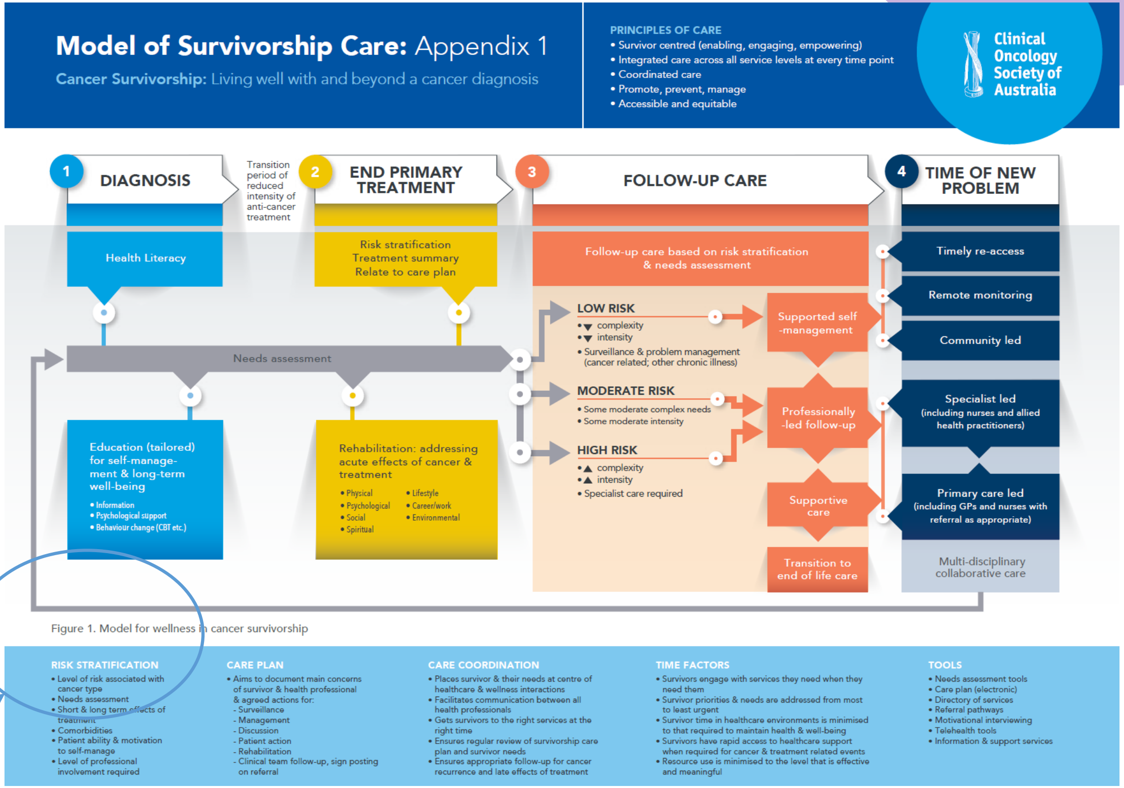
Model of Survivorship Care

Critical Components of Cancer Survivorship Care in Australia

Position Statement

Version 1.0

November 2016



Model of Survivorship Care: Appendix 1

Cancer Survivorship: Living well with and beyond a cancer diagnosis

PRINCIPLES OF CARE
- Survivor centred (enabling, engaging, empowering)
- Integrated care across all service levels at every time point
- Coordinated care
- Promote, prevent, manage
- Accessible and equitable

Clinical Oncology Society of Australia

1 DIAGNOSIS

Transition period of reduced intensity of anti-cancer treatment

2 END PRIMARY TREATMENT

3 FOLLOW-UP CARE

4 TIME OF NEW PROBLEM

Health Literacy

Risk stratification
Treatment summary
Relate to care plan

Follow-up care based on risk stratification & needs assessment

Timely re-access

Remote monitoring

Community led

Needs assessment

LOW RISK
- ▼ complexity
- ▼ intensity
- Surveillance & problem management (cancer related; other chronic illness)

MODERATE RISK
- Some moderate complex needs
- Some moderate intensity

HIGH RISK
- ▲ complexity
- ▲ intensity
- Specialist care required

Supported self -management

Professionally -led follow-up

Supportive care

Transition to end of life care

Specialist led (including nurses and allied health practitioners)

Primary care led (including GPs and nurses with referral as appropriate)

Multi-disciplinary collaborative care

Education (tailored) for self-management & long-term well-being
- Information
- Psychological support
- Behaviour change (CBT etc.)

Rehabilitation: addressing acute effects of cancer & treatment
- Physical
- Psychological
- Social
- Spiritual
- Lifestyle
- Career/work
- Environmental

Figure 1. Model for wellness in cancer survivorship

RISK STRATIFICATION
- Level of risk associated with cancer type
- Needs assessment
- Short & long term effects of treatment
- Comorbidities
- Patient ability & motivation to self-manage
- Level of professional involvement required

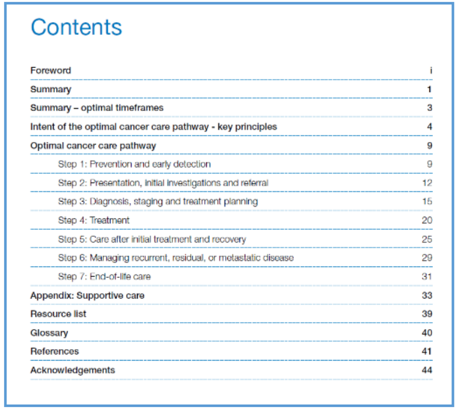
CARE PLAN
- Aims to document main concerns of survivor & health professional & agreed actions for:
  - Surveillance
  - Management
  - Discussion
  - Patient action
  - Rehabilitation
  - Clinical team follow-up, sign posting on referral

CARE COORDINATION
- Places survivor & their needs at centre of healthcare & wellness interactions
- Facilitates communication between all health professionals
- Gets survivors to the right services at the right time
- Ensures regular review of survivorship care plan and survivor needs
- Ensures appropriate follow-up for cancer recurrence and late effects of treatment

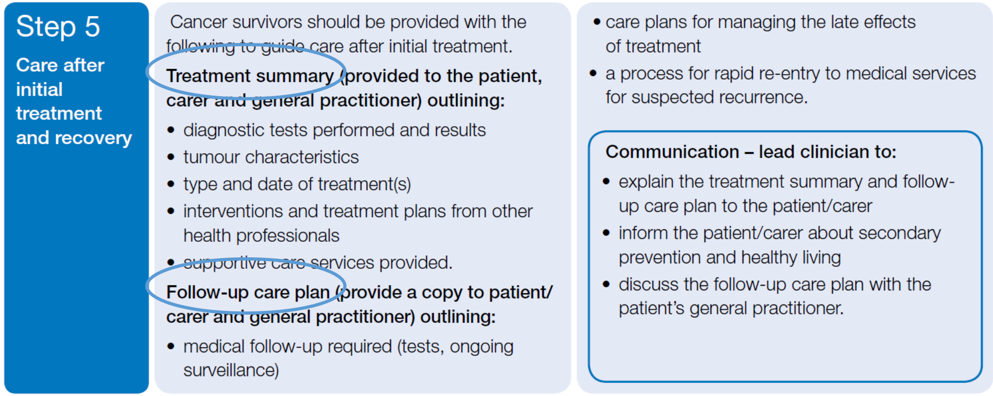
TIME FACTORS
- Survivors engage with services they need when they need them
- Survivor priorities & needs are addressed from most to least urgent
- Survivor time in healthcare environments is minimised to that required to maintain health & well-being
- Survivors have rapid access to healthcare support when required for cancer & treatment related events
- Resource use is minimised to the level that is effective and meaningful

TOOLS
- Needs assessment tools
- Care plan (electronic)
- Directory of services
- Referral pathways
- Motivational interviewing
- Telehealth tools
- Information & support services

Optimal care pathway for
people with colorectal cancer



Contents



Step 5

Care after initial treatment and recovery

Cancer survivors should be provided with the following to guide care after initial treatment.

Treatment summary (provided to the patient, carer and general practitioner) outlining:

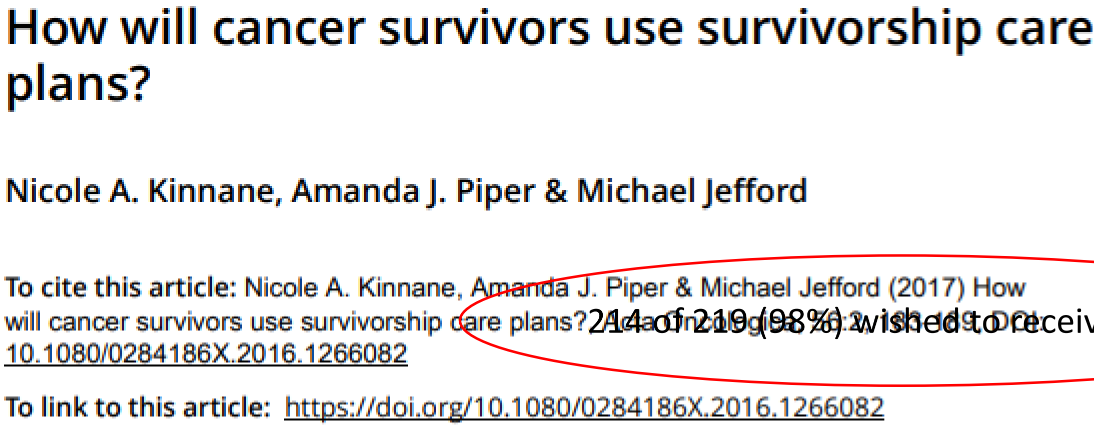
- diagnostic tests performed and results
- tumour characteristics
- type and date of treatment(s)
- interventions and treatment plans from other health professionals
- supportive care services provided.

Follow-up care plan (provide a copy to patient/ carer and general practitioner) outlining:

- medical follow-up required (tests, ongoing surveillance)
- care plans for managing the late effects of treatment
- a process for rapid re-entry to medical services for suspected recurrence.

Communication – lead clinician to:

- explain the treatment summary and follow-up care plan to the patient/carer
- inform the patient/carer about secondary prevention and healthy living
- discuss the follow-up care plan with the patient's general practitioner.



How will cancer survivors use survivorship care plans?

Nicole A. Kinnane, Amanda J. Piper & Michael Jefford

To cite this article: Nicole A. Kinnane, Amanda J. Piper & Michael Jefford (2017) How will cancer survivors use survivorship care plans?, Acta Oncologica, 56:2, 185-189, DOI: 10.1080/0284186X.2016.1266082

To link to this article: https://doi.org/10.1080/0284186X.2016.1266082

214 of 219 (98%) wished to receive a SCP

What is mycareplan.org.au?

Free, online survivorship care plan generator.

Allows users to create a care plan including:

✓Diagnosis

✓Treatment

✓Current side-effects of treatment

✓Long-term and late effects, including psychosocial effects

✓Concerning symptoms

✓Follow-up schedules

✓Wellbeing recommendations

✓Support services.

myCarePlan.org.au

online cancer survivorship care plan generator

OVER 1000 USERS

since March 2019

Australian Cancer Survivorship Centre
A Richard Pratt Legacy

Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

wcmics
Western & Central Melbourne Integrated Cancer Service
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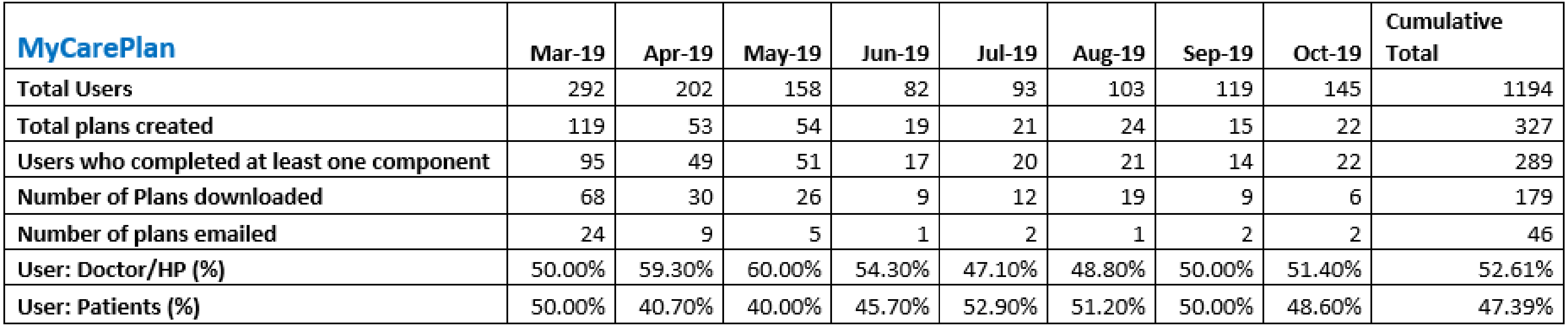
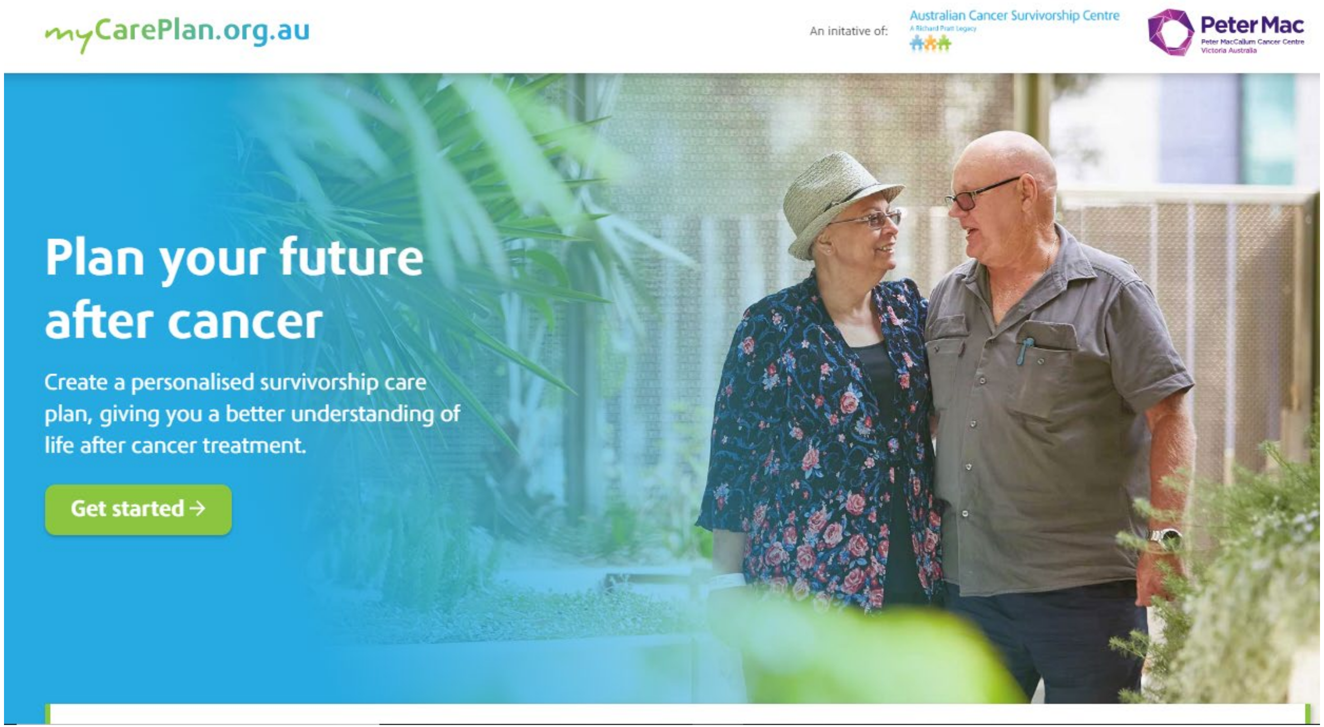
myCarePlan.org.au



MyCarePlan	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Cumulative Total
Total Users	292	202	158	82	93	103	119	145	1194
Total plans created	119	53	54	19	21	24	15	22	327
Users who completed at least one component	95	49	51	17	20	21	14	22	289
Number of Plans downloaded	68	30	26	9	12	19	9	6	179
Number of plans emailed	24	9	5	1	2	1	2	2	46
User: Doctor/HP (%)	50.00%	59.30%	60.00%	54.30%	47.10%	48.80%	50.00%	51.40%	52.61%
User: Patients (%)	50.00%	40.70%	40.00%	45.70%	52.90%	51.20%	50.00%	48.60%	47.39%



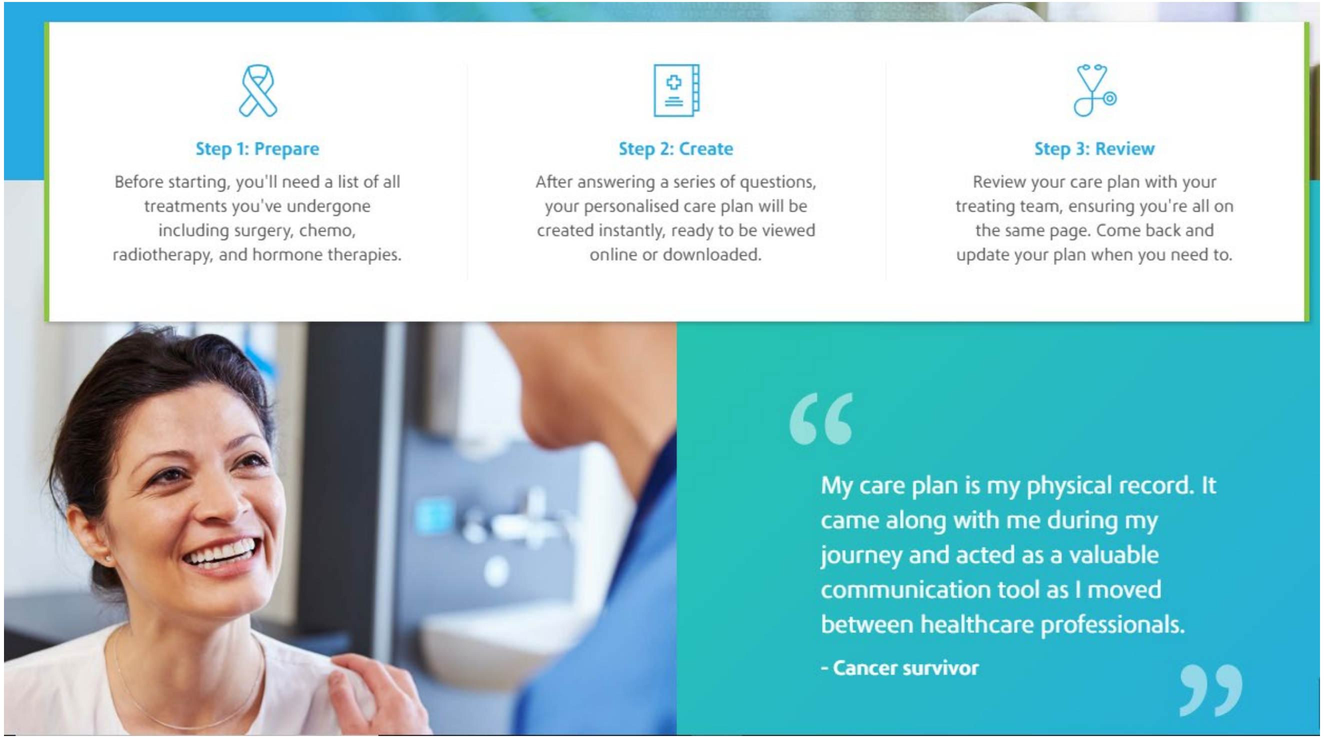
myCarePlan.org.au

An initative of: Australian Cancer Survivorship Centre A Richard Pratt Legacy

Peter Mac Peter MacCallum Cancer Centre Victoria Australia

Plan your future after cancer

Create a personalised survivorship care plan, giving you a better understanding of life after cancer treatment.



Step 1: Prepare

Before starting, you'll need a list of all treatments you've undergone including surgery, chemo, radiotherapy, and hormone therapies.

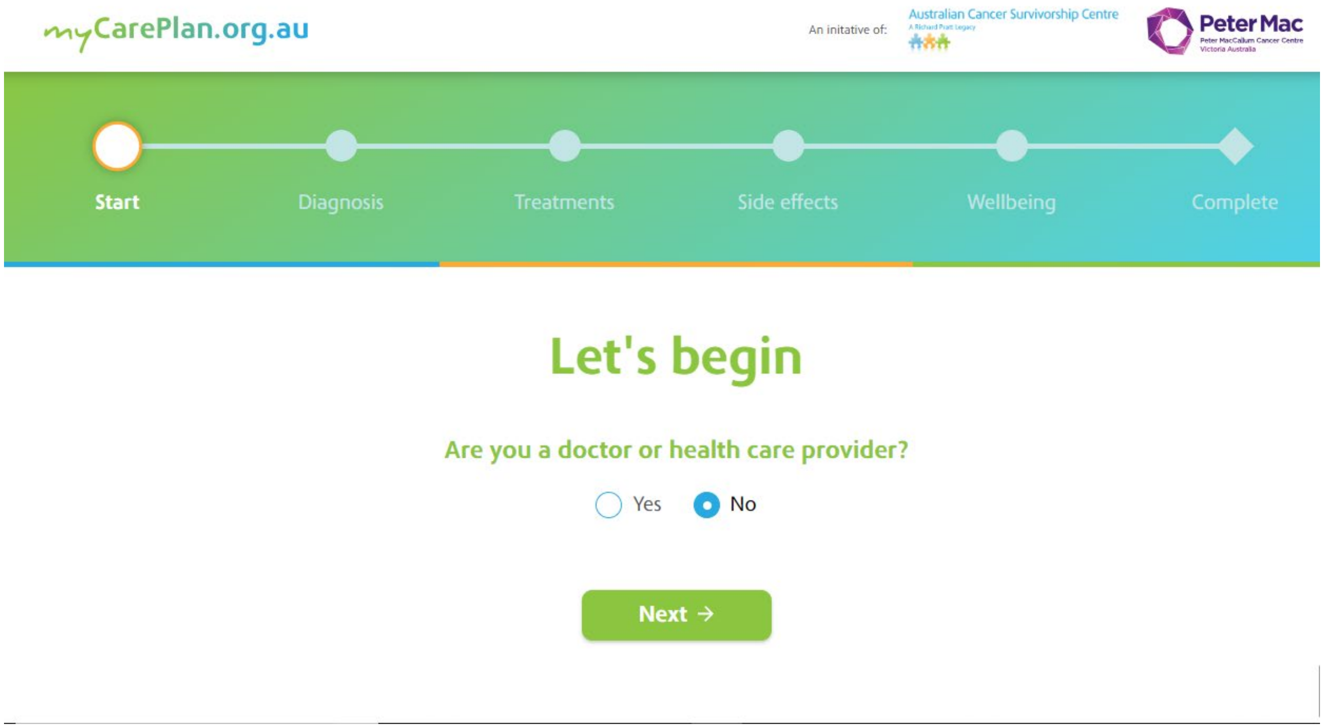
Step 2: Create

After answering a series of questions, your personalised care plan will be created instantly, ready to be viewed online or downloaded.

Step 3: Review

Review your care plan with your treating team, ensuring you're all on the same page. Come back and update your plan when you need to.

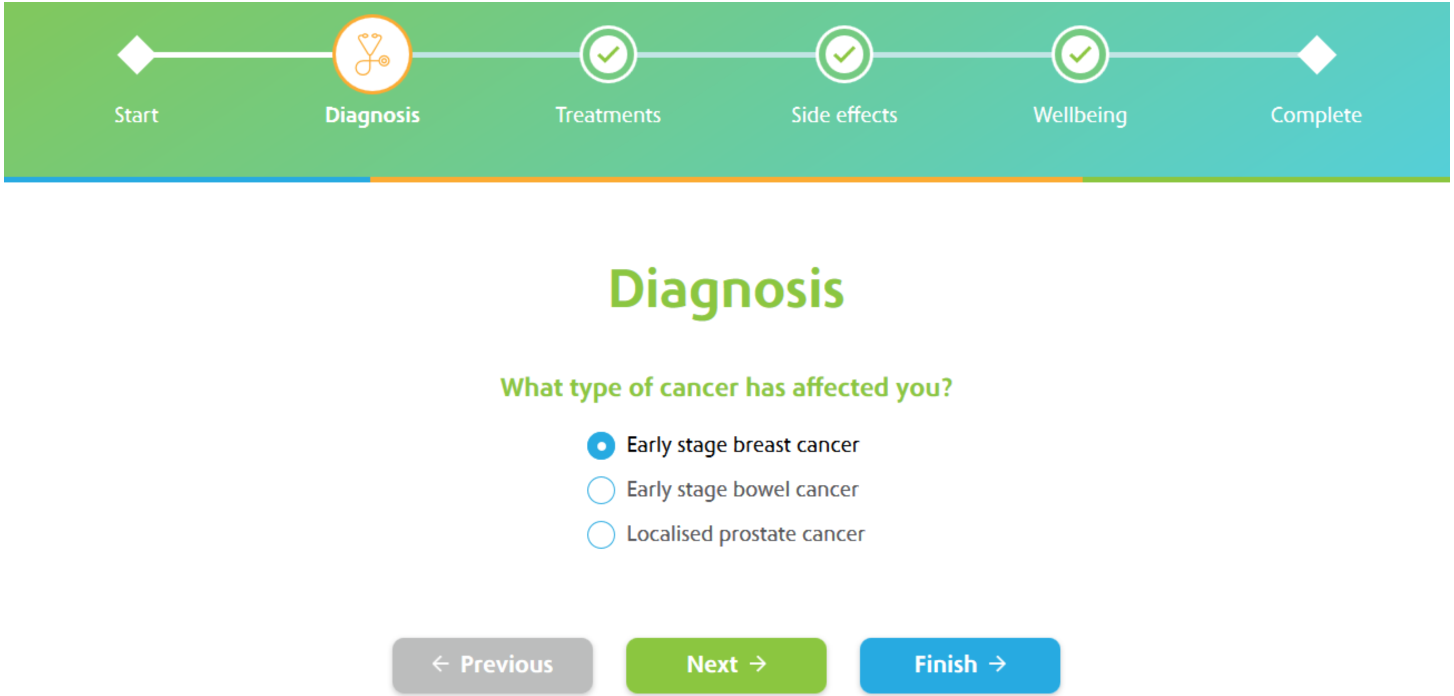
> “My care plan is my physical record. It came along with me during my journey and acted as a valuable communication tool as I moved between healthcare professionals.
>
> **- Cancer survivor**”



Let's begin

Are you a doctor or health care provider?

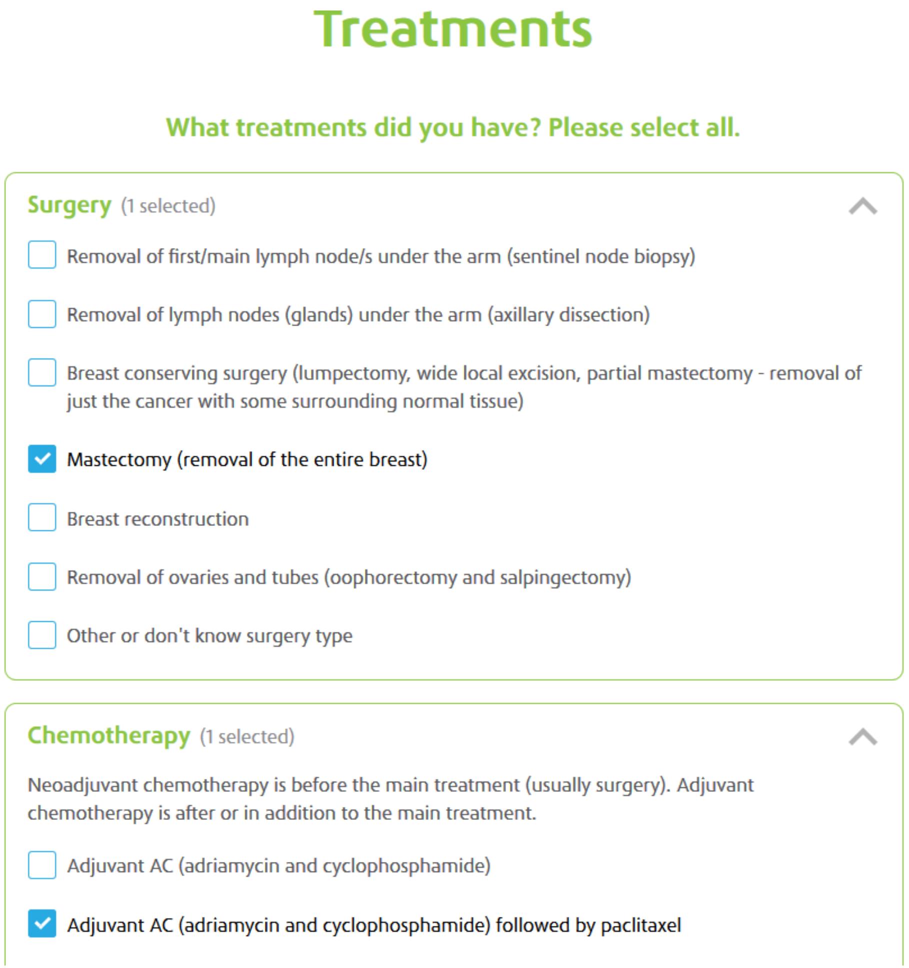
○ Yes ● No



Diagnosis

What type of cancer has affected you?

● Early stage breast cancer
○ Early stage bowel cancer
○ Localised prostate cancer



Treatments

What treatments did you have? Please select all.

Surgery (1 selected)

☐ Removal of first/main lymph node/s under the arm (sentinel node biopsy)

☐ Removal of lymph nodes (glands) under the arm (axillary dissection)

☐ Breast conserving surgery (lumpectomy, wide local excision, partial mastectomy - removal of just the cancer with some surrounding normal tissue)

☑ Mastectomy (removal of the entire breast)

☐ Breast reconstruction

☐ Removal of ovaries and tubes (oophorectomy and salpingectomy)

☐ Other or don't know surgery type

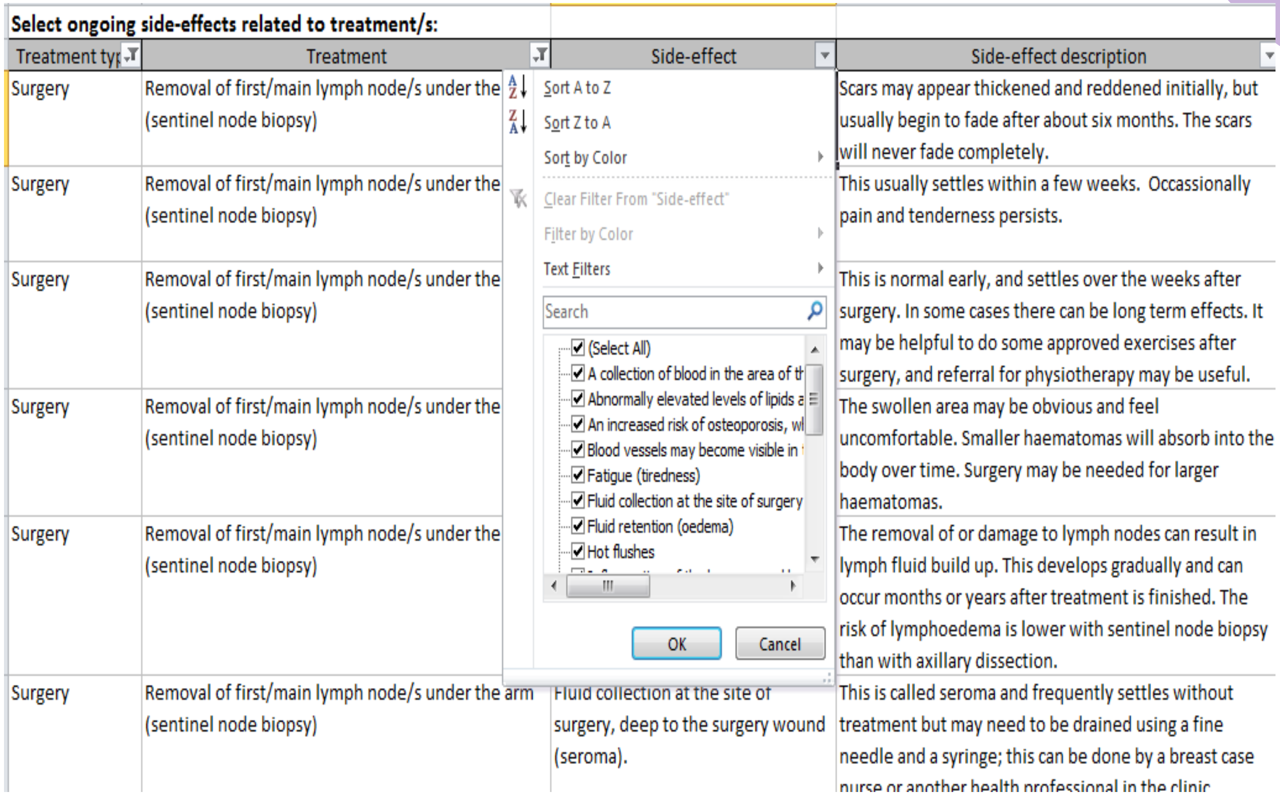
Chemotherapy (1 selected)

Neoadjuvant chemotherapy is before the main treatment (usually surgery). Adjuvant chemotherapy is after or in addition to the main treatment.

☐ Adjuvant AC (adriamycin and cyclophosphamide)

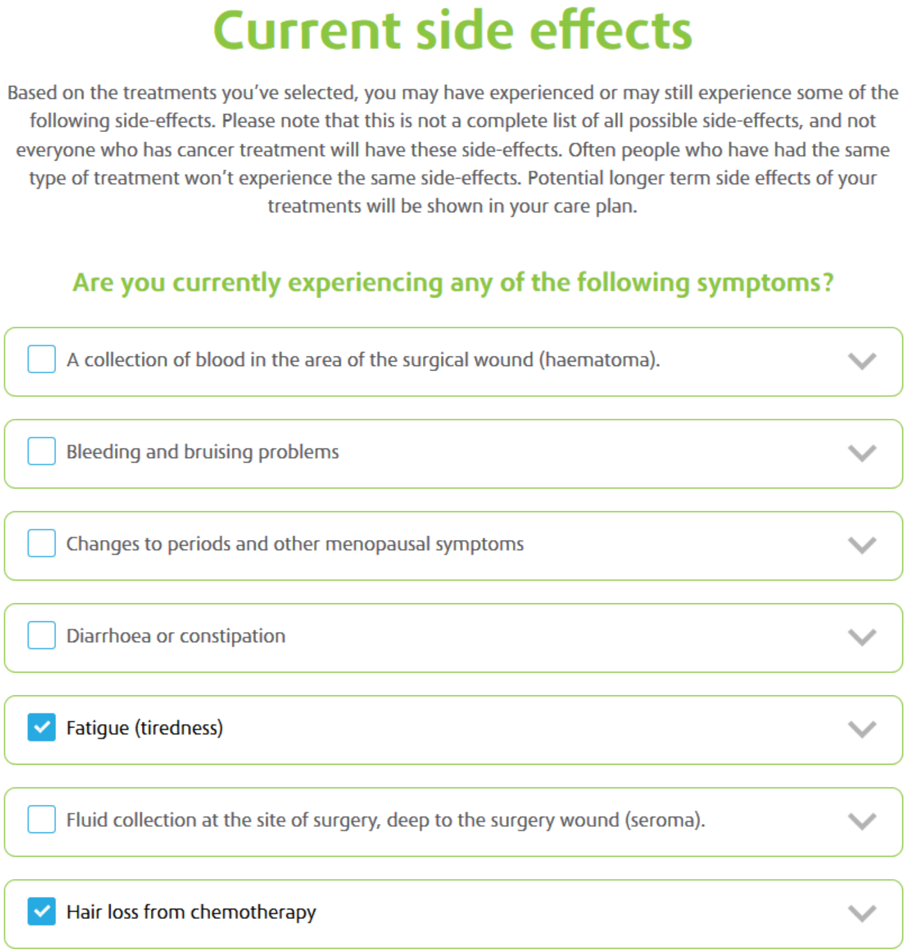
☑ Adjuvant AC (adriamycin and cyclophosphamide) followed by paclitaxel

Treatments and side effects



Select ongoing side-effects related to treatment/s:

Treatment type	Treatment	Side-effect	Side-effect description
Surgery	Removal of first/main lymph node/s under the (sentinel node biopsy)		Scars may appear thickened and reddened initially, but usually begin to fade after about six months. The scars will never fade completely.
Surgery	Removal of first/main lymph node/s under the (sentinel node biopsy)		This usually settles within a few weeks. Occassionally pain and tenderness persists.
Surgery	Removal of first/main lymph node/s under the (sentinel node biopsy)		This is normal early, and settles over the weeks after surgery. In some cases there can be long term effects. It may be helpful to do some approved exercises after surgery, and referral for physiotherapy may be useful.
Surgery	Removal of first/main lymph node/s under the (sentinel node biopsy)		The swollen area may be obvious and feel uncomfortable. Smaller haematomas will absorb into the body over time. Surgery may be needed for larger haematomas.
Surgery	Removal of first/main lymph node/s under the (sentinel node biopsy)		The removal of or damage to lymph nodes can result in lymph fluid build up. This develops gradually and can occur months or years after treatment is finished. The risk of lymphoedema is lower with sentinel node biopsy than with axillary dissection.
Surgery	Removal of first/main lymph node/s under the arm (sentinel node biopsy)	Fluid collection at the site of surgery, deep to the surgery wound (seroma).	This is called seroma and frequently settles without treatment but may need to be drained using a fine needle and a syringe; this can be done by a breast case nurse or another health professional in the clinic

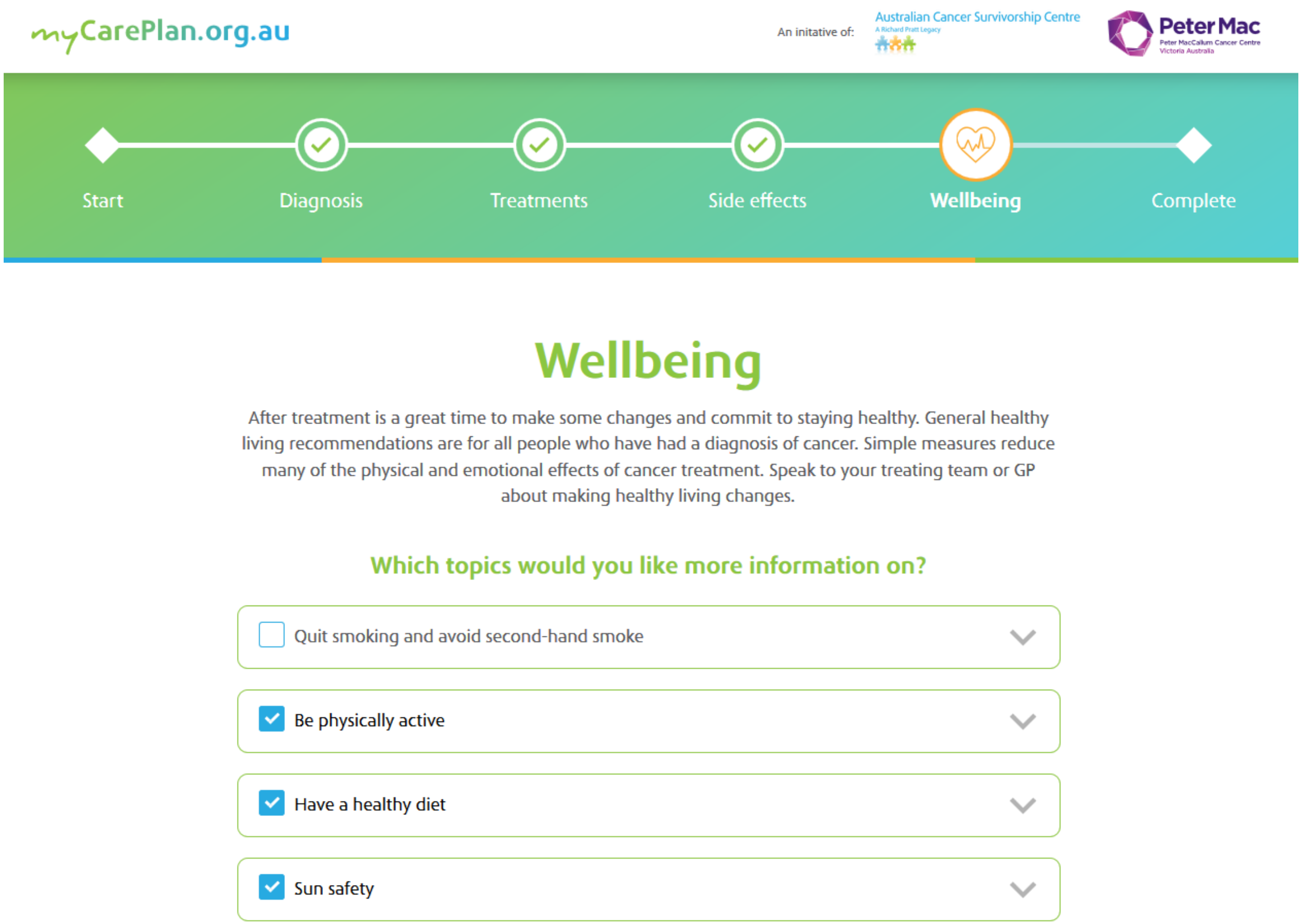


Current side effects

Based on the treatments you've selected, you may have experienced or may still experience some of the following side-effects. Please note that this is not a complete list of all possible side-effects, and not everyone who has cancer treatment will have these side-effects. Often people who have had the same type of treatment won't experience the same side-effects. Potential longer term side effects of your treatments will be shown in your care plan.

Are you currently experiencing any of the following symptoms?

- ☐ A collection of blood in the area of the surgical wound (haematoma).
- ☐ Bleeding and bruising problems
- ☐ Changes to periods and other menopausal symptoms
- ☐ Diarrhoea or constipation
- ☑ Fatigue (tiredness)
- ☐ Fluid collection at the site of surgery, deep to the surgery wound (seroma).
- ☑ Hair loss from chemotherapy

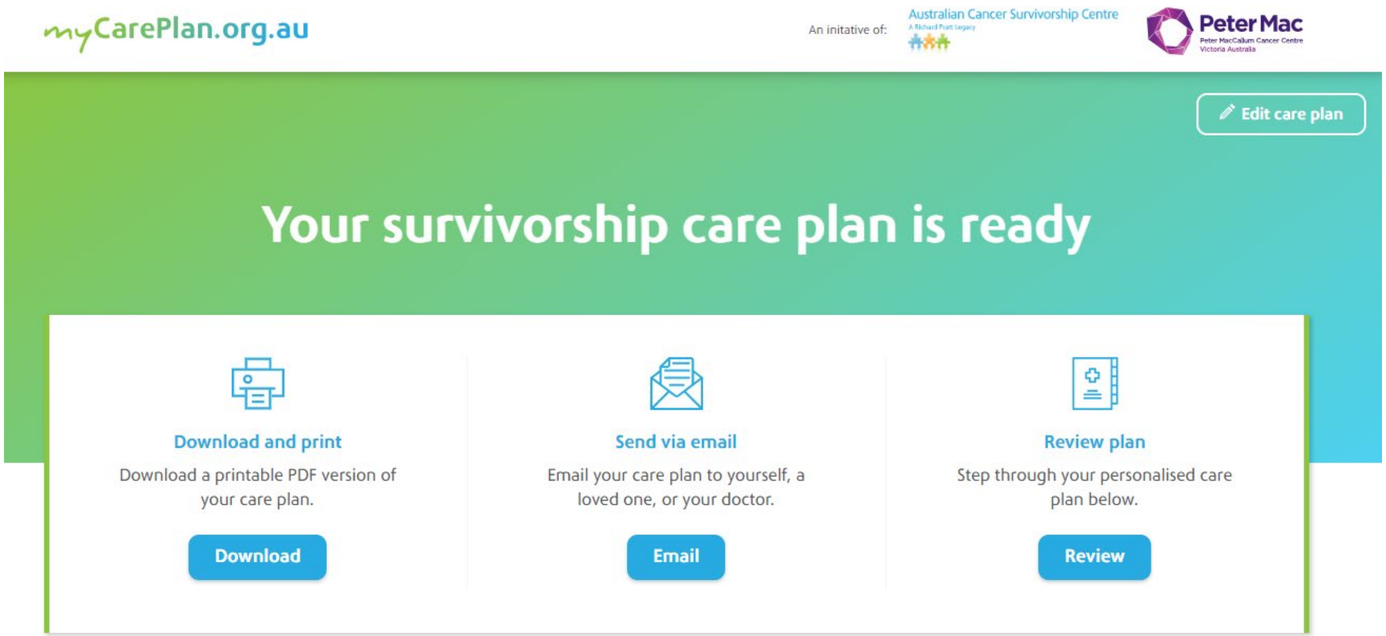


Wellbeing

After treatment is a great time to make some changes and commit to staying healthy. General healthy living recommendations are for all people who have had a diagnosis of cancer. Simple measures reduce many of the physical and emotional effects of cancer treatment. Speak to your treating team or GP about making healthy living changes.

Which topics would you like more information on?

- ☐ Quit smoking and avoid second-hand smoke
- ☑ Be physically active
- ☑ Have a healthy diet
- ☑ Sun safety



Your survivorship care plan is ready

Download and print

Download a printable PDF version of your care plan.

Send via email

Email your care plan to yourself, a loved one, or your doctor.

Review plan

Step through your personalised care plan below.

myCarePlan.org.au

An initiative of: Australian Cancer Survivorship Centre
A Richard Pratt Legacy

Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

Name: Helana Test

Date: Jun 25 2019

Here is Helana's survivorship care plan

To view the online version of this plan, visit: https://www.mycareplan.org.au/care-plan/mvcuq9e4/

How to use your care plan

This care plan contains information about the health risks you may face as a result of your cancer and therapies. Your level of risk will vary depending on the type and combination of treatments you have received.

As your circumstances change, and as this is a growing area, you may wish to review your plan periodically.

Always discuss with your doctors

You should discuss this content with your treatment team to better understand your personal risks. These results can be concerning, but not every survivor experiences every side-effect, and some survivors do not experience any long-term effects.

How can I be involved?

“Survivorship care plans are simple but very important” -Cancer survivor

- Cancer survivors: consider making a survivorship care plan
- Health professionals: assist survivors to make a survivorship care plan

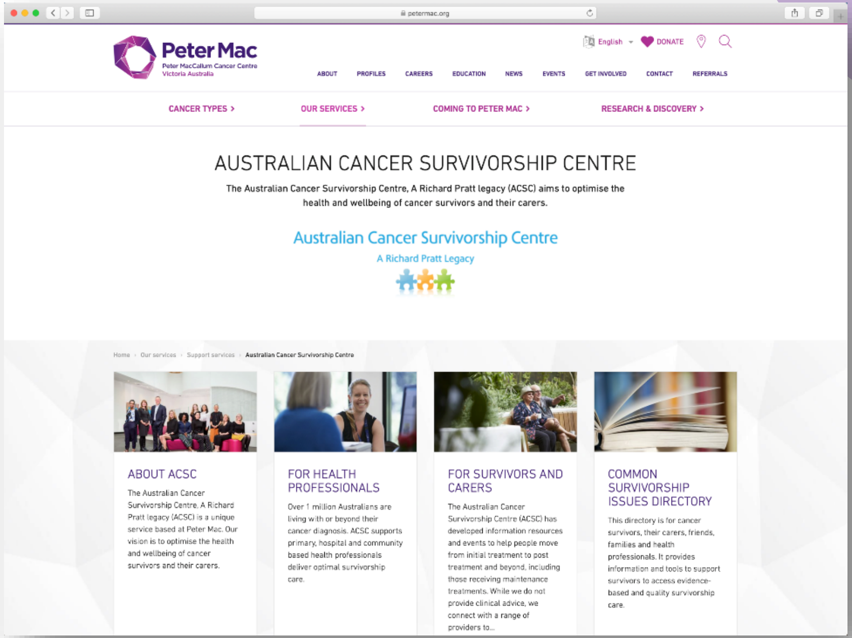
Key message

> Cancer treatment is different for everyone. Having a personalised care plan to share with health professionals can make things easier.

Acknowledgements

- WCMICS – mycareplan.org.au funding, and invitation to share at this event
- ACSC team, including Sandra Picken, Project Officer
- DHHS- funding for the database that supports mycareplan.org.au, and ACSC
- All the users of mycareplan.org.au

Thank you!
Questions?



AUSTRALIAN CANCER SURVIVORSHIP CENTRE

The Australian Cancer Survivorship Centre, A Richard Pratt legacy (ACSC) aims to optimise the health and wellbeing of cancer survivors and their carers.

ABOUT ACSC

The Australian Cancer Survivorship Centre, A Richard Pratt legacy (ACSC) is a unique service based at Peter Mac. Our vision is to optimise the health and wellbeing of cancer survivors and their carers.

FOR HEALTH PROFESSIONALS

Over 1 million Australians are living with or beyond their cancer diagnosis. ACSC supports primary, hospital and community based health professionals deliver optimal survivorship care.

FOR SURVIVORS AND CARERS

The Australian Cancer Survivorship Centre (ACSC) has developed information resources and events to help people move from initial treatment to post treatment and beyond, including those receiving maintenance treatments. While we do not provide clinical advice, we connect with a range of providers to...

COMMON SURVIVORSHIP ISSUES DIRECTORY

This directory is for cancer survivors, their carers, friends, families and health professionals. It provides information and tools to support survivors to access evidence-based and quality survivorship care.

www.mycareplan.org.au

www.petermac.org.au/cancersurvivorship

helana.kelly@petermac.org

3rd Victorian

CANCER SURVIVORSHIP CONFERENCE

A 2020 VISION

Building on learnings …
partnering for success

12-13 MARCH 2020
Crown Convention Centre, Melbourne

VICTORIAN
COMPREHENSIVE
CANCER CENTRE
Overcoming Cancer Together

Australian Cancer Survivorship Centre
A Richard Pratt Legacy

www.survivorshipconference.com.au

Co-designing a Prehabilitation program for patients with prostate cancer (Co-PreP)

Dr Clarice Tang (PhD)
Western Health

Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

Western Health

wcmics
Western & Central Melbourne Integrated Cancer Service

Background

Prostate cancer is the most commonly diagnosed cancer among males in Australia [Australian Institute of Health and Welfare, 2013]

Treatment results in:

↓
Physical health
Psychological health
Quality of life

Difficulty with patient engagement

[Granger et al., 2016]

Prehabilitation: (Diagnosis → Acute treatment) [Silver et al.,2013, Santa Mina et al.,2018]

↑ Physical health

↓
Psychological distress
Post-surgical complications

Lack of a voice

Experience Based Co-Design (EBCD)

1. Set the plan
2. Engage with people
3. Capture experiences and ideas
4. Understand experiences
5. Improve through co-design
6. Measure

aims:

Using Experience Based Co-design (EBCD)

1. Design a prehabilitation program for patients with prostate cancer
2. Identify both positive experiences and challenges prostate cancer survivors faced, as well as opportunities for improvement

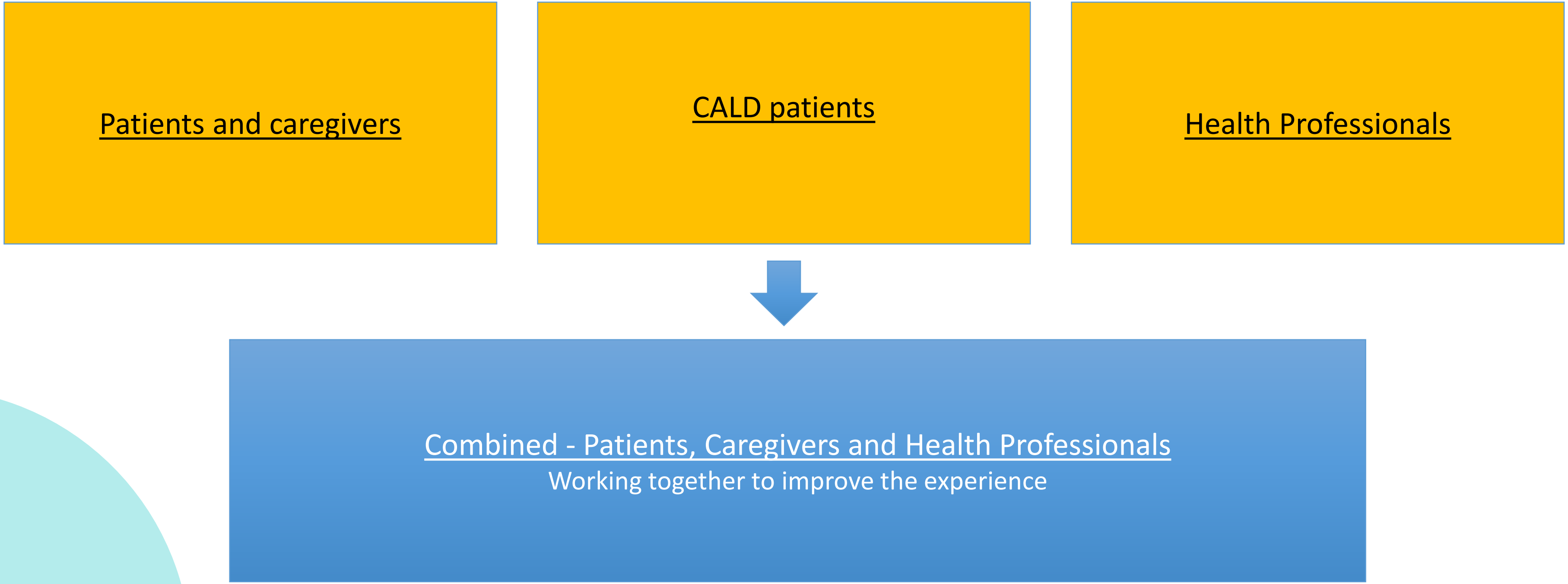
STEP 1: Set the scene

Short video clip that will be played at commencement of each workshop

Purpose:

Facilitate workshop discussion and identification of key themes

Step 2: Workshops



Patients and caregivers

CALD patients

Health Professionals

Combined - Patients, Caregivers and Health Professionals

Working together to improve the experience

Results

- Eight patients, one support person and 11 health professionals attended Stage 2 workshops.

- Two patients were from a Vietnamese background

- Multidisciplinary team members recruited:
  - 4 Medical/surgical doctors
  - 2 Nurses
  - 5 Allied Health professionals

Results- *The positives*

Positive experiences with care

“I honestly believe that our patients get very good care from our hospitals. Not many hospitals where run urology and oncology together.” (HP5)

“I am extremely grateful for the help that I received throughout my journey” (P2)

Timely access

“I had been asked to exercise in preparation for surgery but had no idea how to do this. One session with the physiotherapist made a whole lot of difference” (P5)

Results- Challenges

“The scary part about cancer is when you go to sleep and...the house is dead stone cold. That’s when its scary”(P8)

Not everyone received the same service

Men feeling lonely, anxious and frustrated

Pressure on clinicians to capture everyone

Discrepancy in the information provided/received

“I worry. I got to think about my wife, my daughter and my kids. I worry about the family if things do not work out”(P2)

“. Wards now don’t discharge on weekends as X is not there. X reviews before they go home. Been in place last 18 months. But that is not a sustainable solution – if X is not there.”(HP5)

“Cancer is all that is on their mind. They just want it out and then to deal with other things later” (HP3)

Solutions

Development of Prehabilitation program: **CO-PREP**

Week 1

+

Week 2

Discussion topic	Sub-topic	Number of people				
Priority		*1	2	3	4	5
Diagnosis	**What is prostate cancer?**				**6**	**6**
	What is my outlook/prognosis?				**3**	**9**
	What feelings might I have?			**2**	**8**	**2**
	How to tell my family/friends?	2	1	2	5	2
	What about work?	4	3	3		2
Side effects of treatment	Sexual dysfunction	4		2	3	3
	Incontinence				**6**	**6**
	Fatigue	**2**	**1**	**1**	**5**	**3**
	Anxiety and depression	**2**	**0**	**1**	**4**	**5**

Discussion topics	**Sub-topic**	**Number of people**				
Wellbeing	**Physical**				**4**	**4**
	Emotional				**4**	**4**
	Carer’s support				**3**	**5**
Lifestyle modifications	Exercise			1	3	2
	Diet		1	4	3	2
	Alcohol			4	1	2
	Smoking	1		3	2	2

Discussion

- Highlights the benefits of using EBCD to develop health programs
- Feasible to use EBCD for men with prostate cancer including men from CALD backgrounds
- Currently piloting the model with aim to further refine the program
    - Quicker access
    - Develop peer support
    - Other types of treatment
    - ? Other cancer types

Acknowledgement

- Patients and caregivers
- WCMICS
- Sunshine Hospital Radiation Therapy Centre (Peter MacCallum Cancer Centre)
- WH Physiotherapy department
- WH Cancer services
- Interpreters

Project team:
Dr Clarice Tang, Ms Monica Turczyniak, Ms Alesha Sayner, Ms Sally Butzkueven, Dr Kimberley Haines, Prof Helen O’Connell, Dr John Violet, Ms Priya Rangarajan, Dr Shirley Wong

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References

1. *Prostate Cancer in Australia*, in *Cancer Series*, A.I.o.H.a. Welfare, Editor. 2013, Australian Institue of Health and Welfare: Canberra.
2. Silver, J.K. and J. Baima, *Cancer Prehabilitation: An Opportunity to Decrease Treatment-Related Morbidity, Increase Cancer Treatment Options, and Improve Physical and Psychological Health Outcomes.* American Journal of Physical Medicine & Rehabilitation, 2013. **92**(8): p. 715-727.
3. Santa Mina, D., Hilton, W. J., Matthew, A. G., Awasthi, R., Bousquet-Dion, G., Alibhai, S. M. H., . . . Carli, F. (2018). Prehabilitation for radical prostatectomy: A multicentre randomized controlled trial. *Surgical Oncology, 27*(2), 289-298. doi:https://doi.org/10.1016/j.suronc.2018.05.010
4. Granger, C. L. (2016). Physiotherapy management of lung cancer. *Journal of physiotherapy, 62*(2), 60-67.

Road to Recovery

Supporting patients undergoing curative Upper GI surgery with an Optimal Nutrition Care Pathway

Irene Deftereos
Senior Dietitian and Project Lead
Western Health

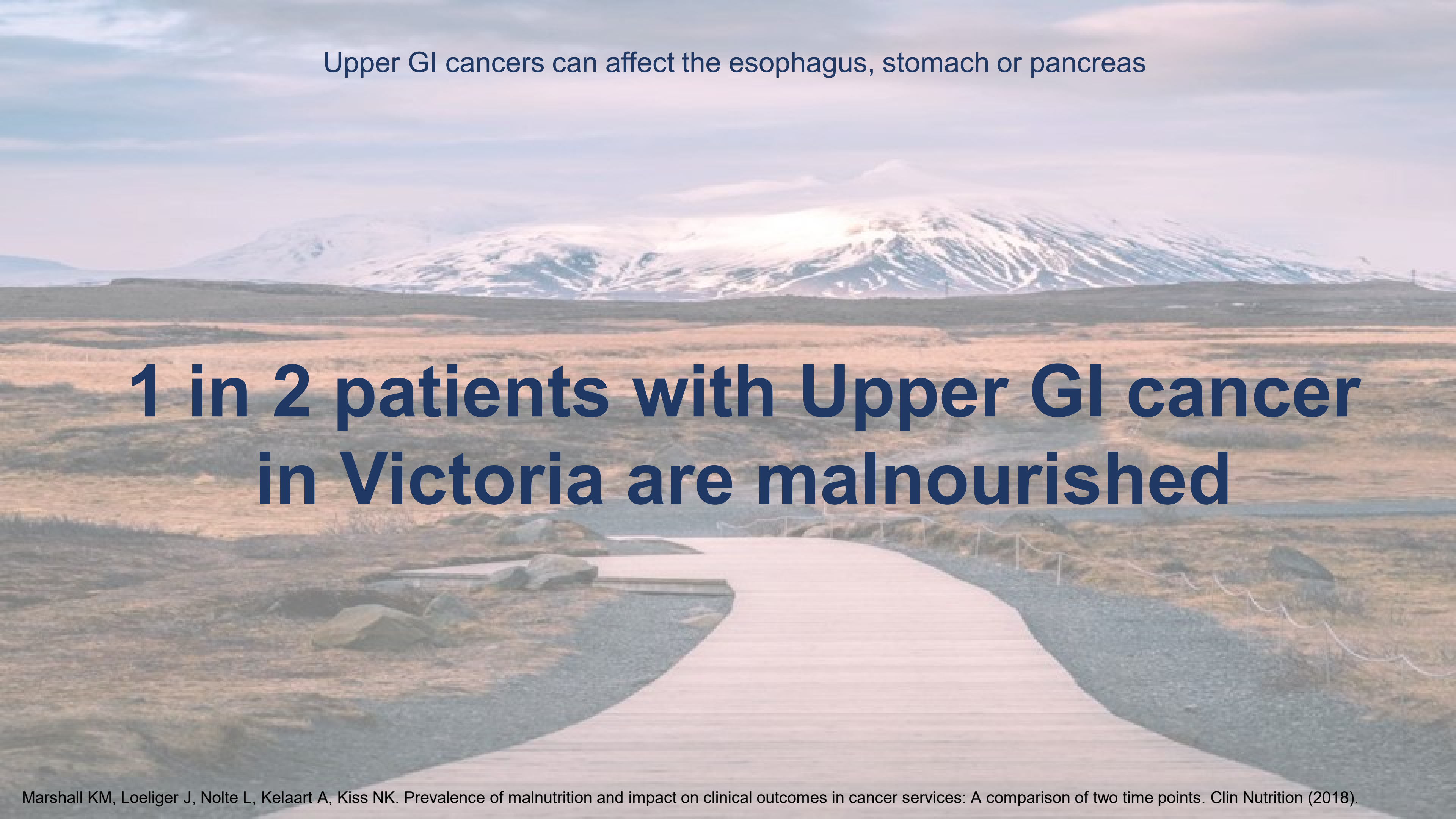
ST VINCENT'S HOSPITAL MELBOURNE

Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

Western Health

wcmics
Western & Central Melbourne Integrated Cancer Service

The Royal Melbourne Hospital



Upper GI cancers can affect the esophagus, stomach or pancreas

1 in 2 patients with Upper GI cancer in Victoria are malnourished

Marshall KM, Loeliger J, Nolte L, Kelaart A, Kiss NK. Prevalence of malnutrition and impact on clinical outcomes in cancer services: A comparison of two time points. Clin Nutrition (2018).

The problem

- Lack of funding for proactive outpatient services
- Patients often only seen during inpatient admission
- Lack of standardised processes and pathways

= Inadequacies and variations in nutritional care across health services

Project Design and Aims

- Pilot feasibility project
- Western Health, St Vincent's Hospital, Melbourne Health (+Peter Mac)
- 6 months pilot period Sept 2018 – March 2019

AIMS

1. To develop and implement a standardised pre-operative Nutrition Care Pathway (NCP) for Upper GI cancer patients undergoing curative resection at all participating sites
2. To investigate feasibility and implementation outcomes (including patient and staff experiences)
3. To evaluate impact on nutritional and clinical outcomes using retrospective comparison group

Supported Implementation Process

Stakeholder Engagement
Dietitian Managers, Executive, Surgeons, Oncologists, Clinic NUMS

Context Analysis
Mapping of site specific processes, Barriers and enablers

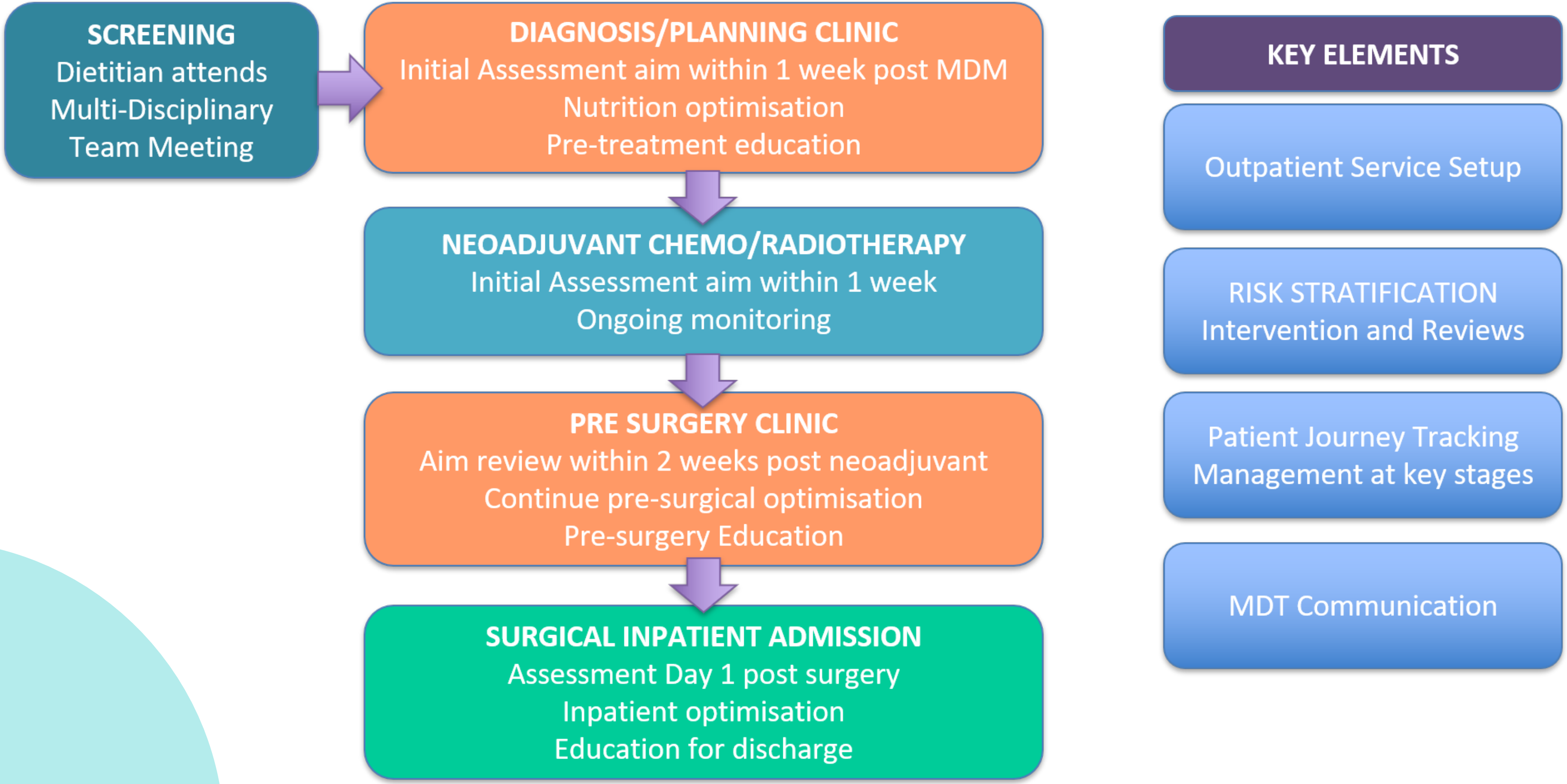
Nutrition Care Pathway Development
Literature Review, Expert consultation, Stakeholder feedback

Facilitated Implementation
Systems and Processes, Training, Site visits, Pathway Promotion

6 month Pilot Period
Group debrief sessions, Site Visits, Fortnightly correspondence
Patient and Implementation data collection

Evaluation and Results analysis
Recommendations and Sustainability

OPTIMAL NUTRITION CARE PATHWAY



SCREENING
Dietitian attends
Multi-Disciplinary
Team Meeting

DIAGNOSIS/PLANNING CLINIC
Initial Assessment aim within 1 week post MDM
Nutrition optimisation
Pre-treatment education

NEOADJUVANT CHEMO/RADIOTHERAPY
Initial Assessment aim within 1 week
Ongoing monitoring

PRE SURGERY CLINIC
Aim review within 2 weeks post neoadjuvant
Continue pre-surgical optimisation
Pre-surgery Education

SURGICAL INPATIENT ADMISSION
Assessment Day 1 post surgery
Inpatient optimisation
Education for discharge

KEY ELEMENTS

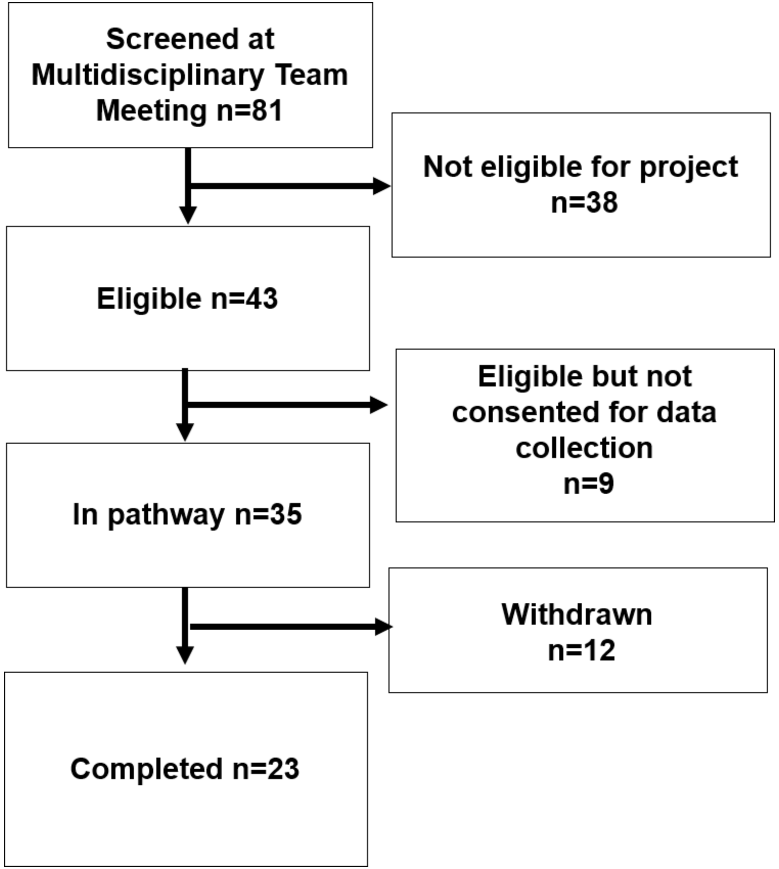
Outpatient Service Setup

RISK STRATIFICATION
Intervention and Reviews

Patient Journey Tracking
Management at key stages

MDT Communication

Project Participation



Screened at Multidisciplinary Team Meeting n=81

Not eligible for project n=38

Eligible n=43

Eligible but not consented for data collection n=9

In pathway n=35

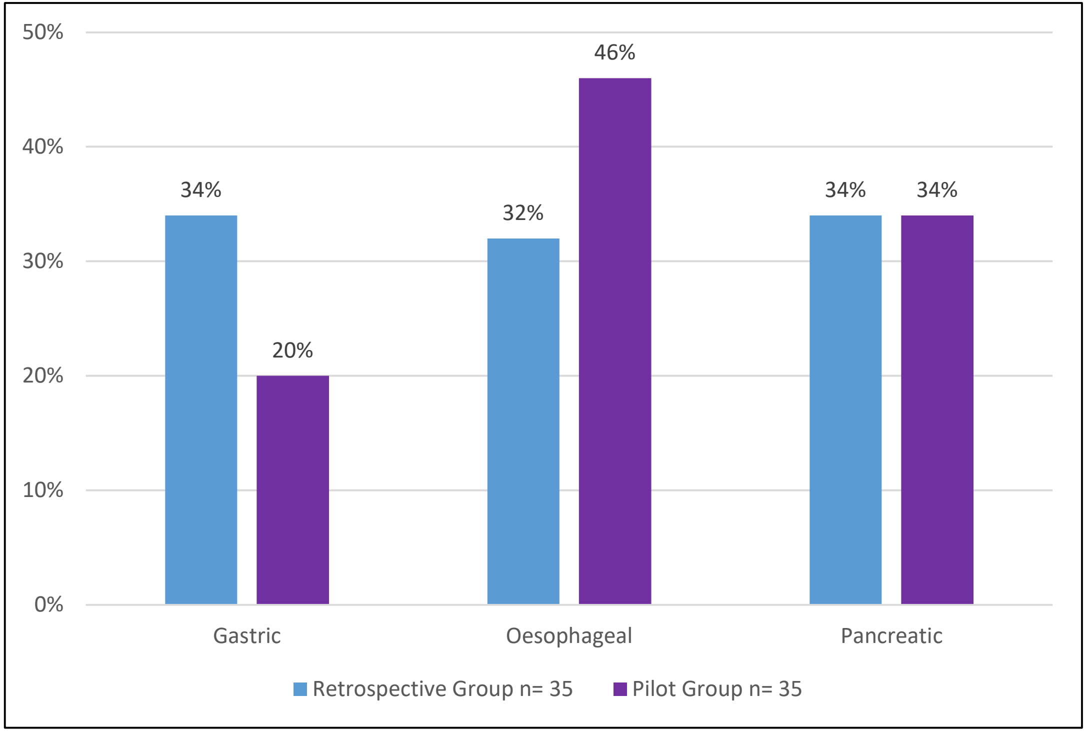
Withdrawn n=12

Completed n=23

Declined surgery (n=1)
Declined consent (n=1)
Treatment I private (n=4)
Already under care of rural DT (n=1)
Staff leave (n=1)
Prisoner (n=1)

Surgery abandoned (n=9)
Comorbidities (n=2)
Emergency surgery required (n=1)

Cancer Types at enrolment n=70

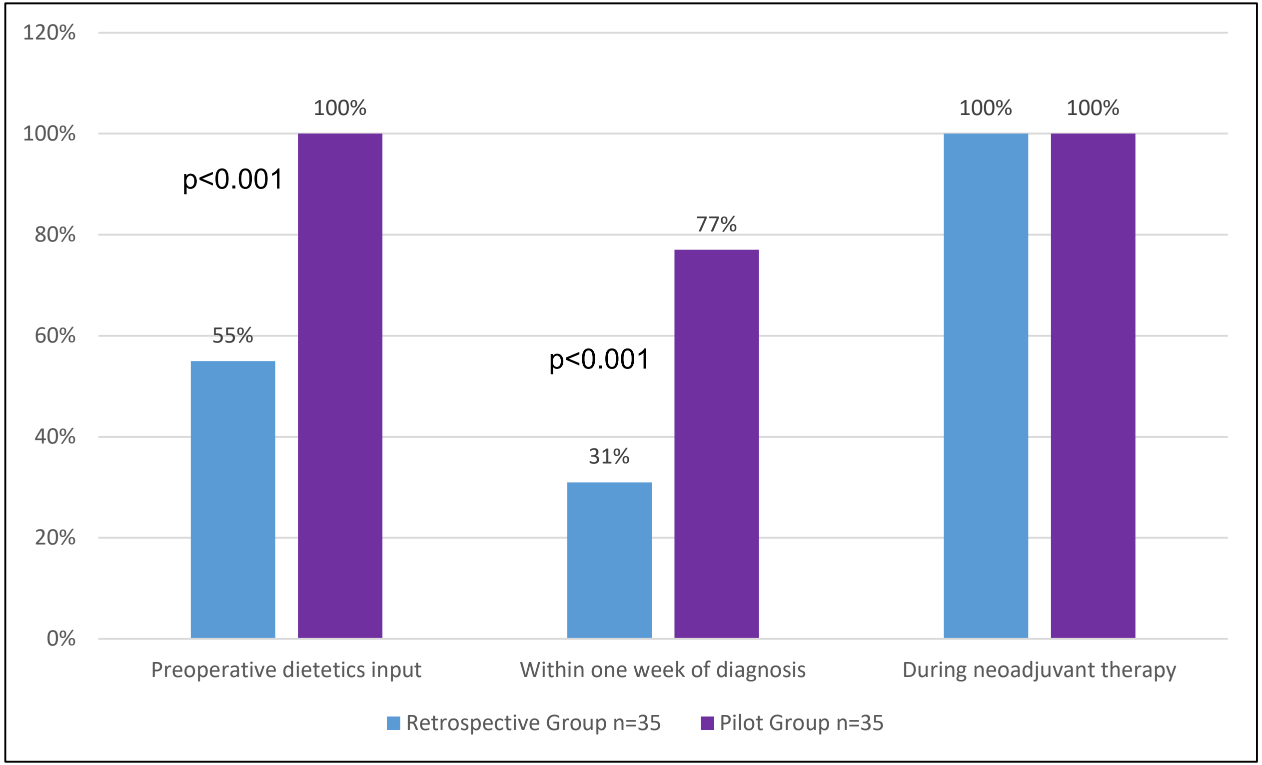


No differences in terms of age, sex, tumour characteristics or baseline weight loss

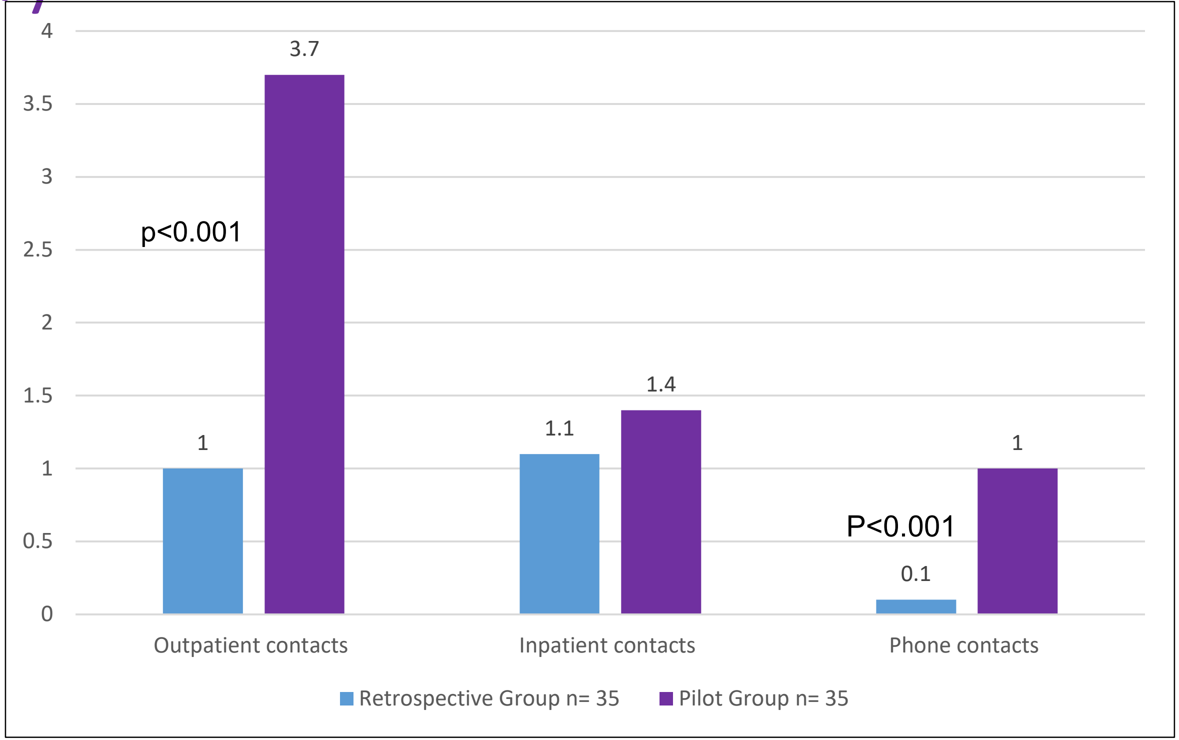
Impact of the project

- Service delivery impact
- Clinical impact
- Qualitative patient and clinician feedback

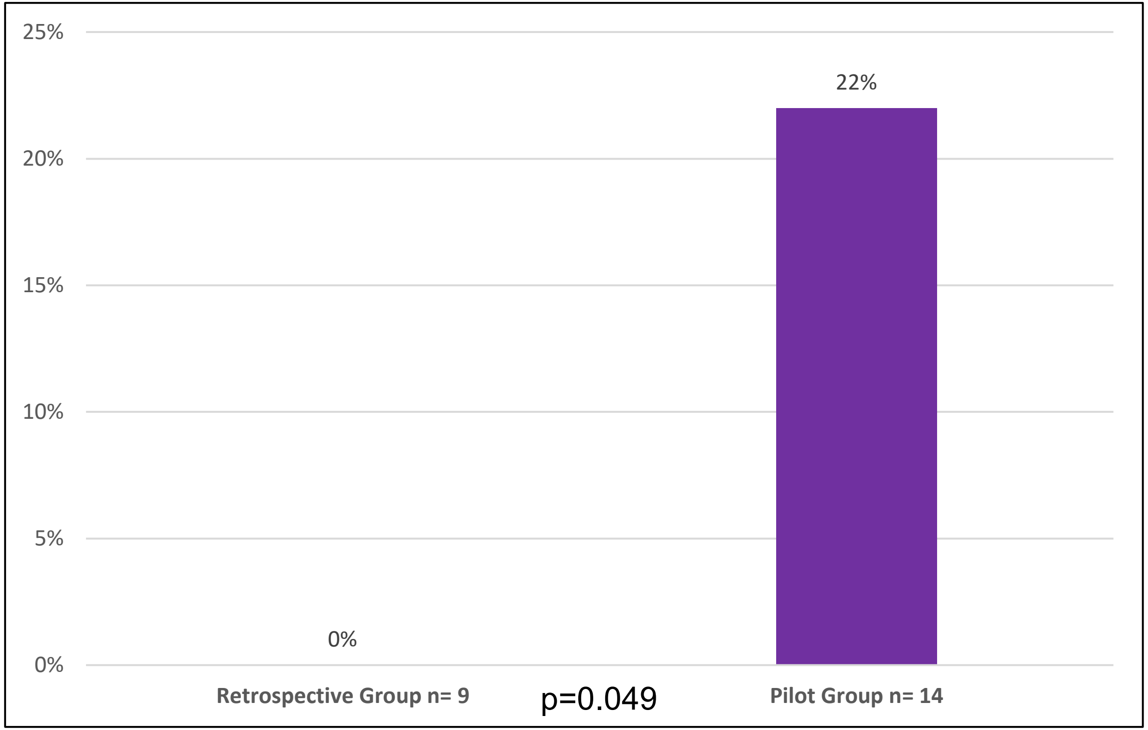
Significant improvements in number of patients accessing dietetics care, at an earlier time



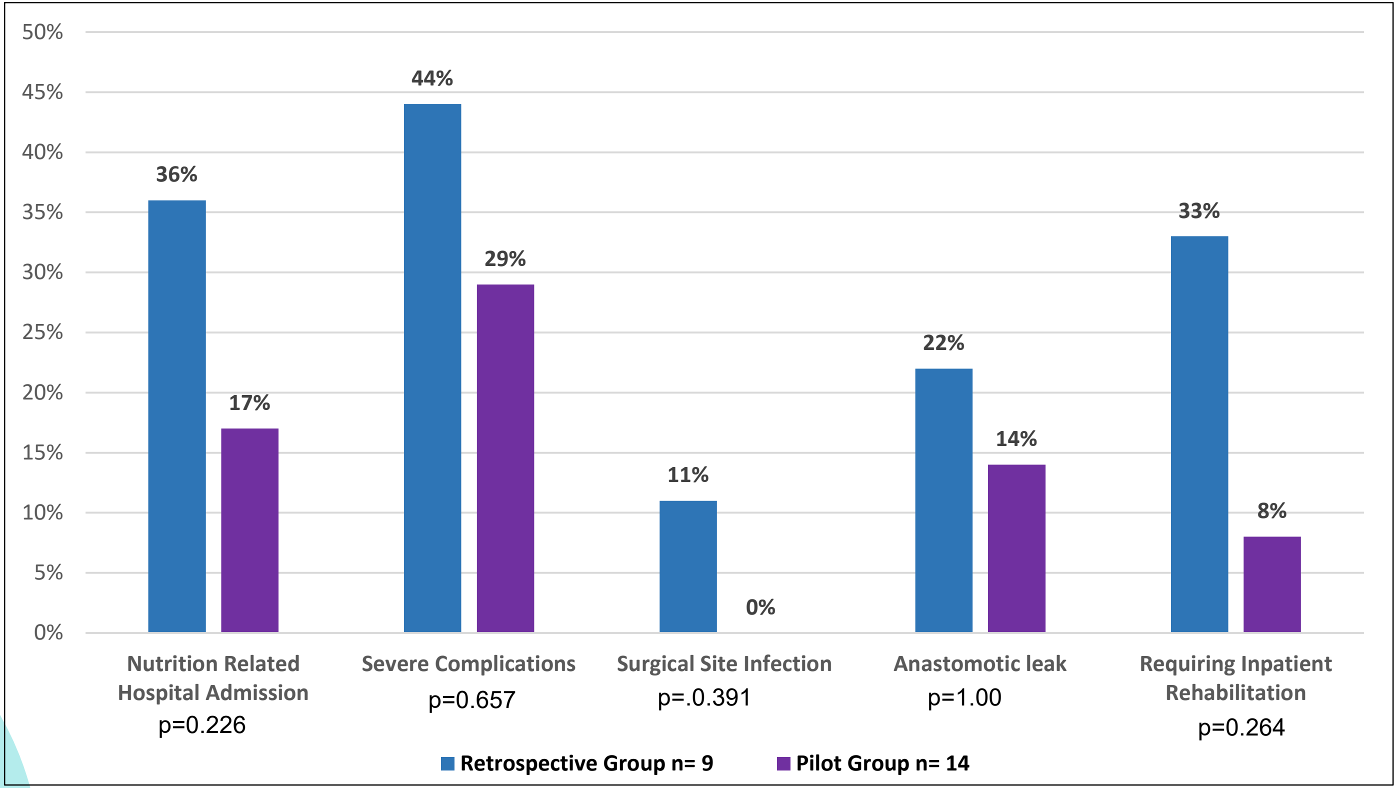
Proactive, increased dietetics outpatient service delivery



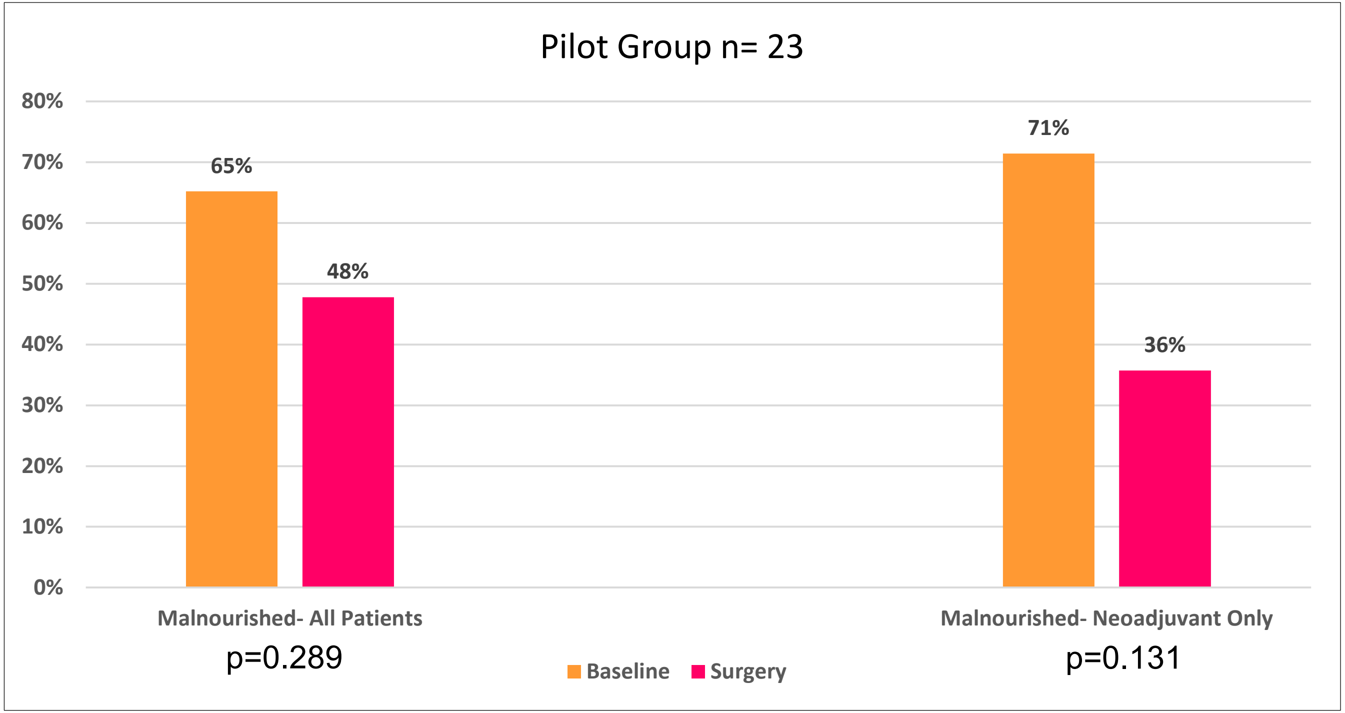
Proactive feeding tube insertions during neoadjuvant therapy



Neoadjuvant therapy: potentially clinically important improvements in surgical oncology outcomes



Neoadjuvant therapy: potentially clinically important improvements in nutritional status



Patients loved the service!

The care I received from the dietitians has…..

Improved my general health
4.25/5

Helped me to recover faster
4.4/5

Been helpful
4.5/5

Helped my body to heal
4.5/5

Improved the results of my medical treatment
4.25/5

Met my expectations
4.4/5

Vivanti A, Ash S, Hulcombe J. Validation of a satisfaction survey for rural and urban outpatient dietetic services. J Hum Nutr Diet. 2007;20(1):41-9.

So did the Surgeons and Oncologists…

Very happy with now having Dietitians in the clinic

Dietitians are seeing high-risk patients earlier

Overall the model of care is significantly improved

Patients often remarked on the dietetic service positively

I believe that increased dietetic care will lead to improved surgical outcomes

The Dietitians found the process feasible and highly beneficial, but challenging at times..

Improved MDT relationships

Improved clinical knowledge

Can see the benefits for patients

Improved patient tracking and handover

A lot of time spent coordinating

Patients plans often change

Next Steps

1. Continue to evaluate feasibility, costs and impact
2. Publish results and share with others
3. Use pilot and feasibility data for larger prospective project grant applications

Take Home Message

"Alone we can do so little, together we can do so much."
Helen Keller

THANK YOU!

Our participants

WCMICS

Project Officer:
Sally Butzkueven

Project Dietitians:
WH: Aurora Ottaway, Jacqui McNamara, Hollie Bevans, Yvette Boxhall
STVHM: Kate Fox, Nadia Hendricks, Orla Doran
RMH: Jessie Varghese, Emma Bidgood
Peter Mac: Kate Graham, Rose Rocca, Kirsty Rowan

Dietetics Managers and senior staff:
WH: Kathryn Pierce, Vanessa Carter and Allison Lauder
SVHM: Natalie Simmance
RMH: Kate Fetterplace, Michele Hughes
Peter Mac: Belinda Steer

Surgical and Oncology Colleagues at each site

Outpatient Clinic and Preadmission Clinic NUMS and staff at each site

wcmics
Western & Central Melbourne Integrated Cancer Service

INTEGRATE
Experiences of Pregnant Women with Cancer:
Exploring Parenting and Mental Health Needs

Pregnancy and cancer:

Do our cancer services meet the mental health and supportive care needs of women with gestational cancer?

- **Associate Professor Lesley Stafford & Ms Michelle Sinclair**
- **Centre for Women's Mental Health, The Royal Women's Hospital**

the women's
the royal women's hospital
victoria australia

Cancer in pregnancy

- 1 in 1500 pregnancies[1]
- Limited empirical evidence[2] but together with clinical experience suggest substantial distress
- A time of difficult choices and time-sensitive decisions
- Maternity units and oncology units are very different places
- Care needs are complex and require a co-ordinated multidisciplinary team

1. Peccatori et al 2013
2. Henry et al 2012; Hammarberg et al 2018; Ives et al 2012; Zanetti-Dallenbach et al 2006; Bandyk et al 1995; Kirkman et al, 2017; Vandenbroucke et al 2017

Key questions

- What are the supportive care and mental health needs of women diagnosed with cancer during pregnancy?
- What are their partners’ needs?
  - Are we meeting these needs in our delivery of care?
  - What are the characteristics of a positive healthcare experience for this population?

- What is the impact of gestational cancer on parenting and family?
  - Are we providing family-focused cancer care?

- What are the experiences of clinicians who care for these women?
  - Do current guidelines meet clinicians’ professional needs?
  - What is the psychological impact of caring for this population?

Expected project output

- Recommendations for
- Development of **consistent, well-coordinated** and **evidence-based model of care** that is suitable for use in our cancer services
- Providing **family-focused cancer care** that includes recognition of the impact of cancer during pregnancy on the partner and broader family unit
- Taking steps to ensure that **clinicians are well supported** to care for these women
- Clarifying areas that require **further research**
- Providing specific information that can be used to refine existing **mother-infant therapy** programs for use in this population

What have we done?

14 partners

1 cervical ca,
10 breast ca,
2 blood ca,
1 lung ca

27 clinicians

3 psychologists,
1 psychiatrist,
2 social workers,
1 midwife, 6 nurses,
5 oncologists,
3 surgeons,
6 obstetricians

25 women

17 live births, 6 pregnant, 2 terminations

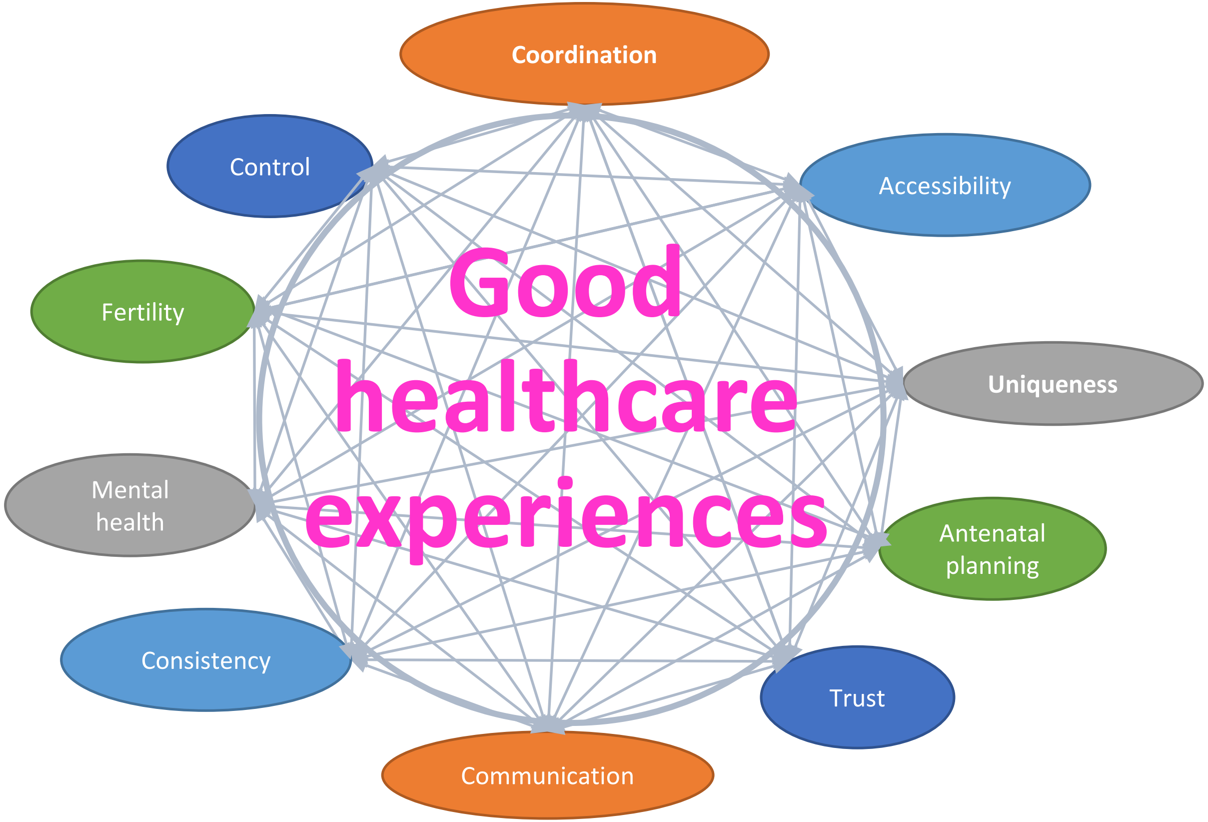
1 cervical ca, 16 breast ca, 5 blood ca, 1 bowel ca, 2 lung ca

Recruited from across Australia

Interview data analysed thematically

3337 minutes of interviews

A sneak peak of findings related to women's healthcare experiences



Coordination

*"I turned up to the appointment, nervous, and anxious, and worried. And there was no oncology results. Because they hadn't sent them across.... **It's been a little infuriating. … when information goes missing**…or scans hadn't turned up, it's not a reassuring feeling at all... I had a joke, before I went into surgery, like what if they do the wrong breast."*

Consistency

*" I would **see the same oncologist** every time for the appointment. **I wouldn't have to repeat my story over and over.** So I'd have the **continuity of care**, which, when I'm feeling extremely vulnerable at that time, it definitely felt very reassuring, to be able to say, I meet this one guy, and he will see me right through to end of treatment..."*

the women's
the royal women's hospital
victoria australia

Uniqueness

*“There were NICU people from upstairs, IVF people, obstetricians, radiologist, the oncologist, nurses, an anaesthetist, administrative staff. It was a bit insane… **I felt like a little bit of a rock star, like a really special case**… then of course trying to squeeze my husband in next to me…”*

Communication

*“they’re the ones with the real knowledge and I’m **going to be guided by their decisions** …but I like to be able to really understand it wholeheartedly. So she would, everything from **sharing research papers** with me to **talking through each of the different options** and the pros and cons of chemo pre surgery and vice versa and keeping me up to date with things like when they were making the decisions around my treatment and **including me in that process**.”*

the women's
the royal women's hospital
victoria australia

The INTEGRATE team

Lead Researcher

- A/Prof Lesley Stafford

Research Team

- Ms Michelle Sinclair
- Dr Leah Collins
- Prof Louise Newman
- A/Prof Kylie Mason
- Dr Emma Symes
- Dr Jocelyn Lippey
- Ms Julia Cannell
- Dr Lisa Briggs
- Ms Monique Baldacchino
- A/Prof Ryan Hodges
- Prof Mark Umstad
- Dr Angela Ives
- Dr Michelle Peate
- Prof Christobel Saunders
- Dr Rebecca Szabo
- Dr Catherine Oakman
- Ms Kerry Shanahan
- Mr. Michael Barton

Cultural adaptation of the Malnutrition Screening Tool and associated education resources

Jane Stewart & Emma McKie
Clinical Dietitians
Peter MacCallum Cancer Centre, Melbourne

Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

VCMC
Victorian Cancer Malnutrition Collaborative

wcmics
Western & Central Melbourne Integrated Cancer Service

Background

Malnutrition and cancer

- Cancer malnutrition highly prevalent – 15% overall prevalence, 29% inpatient setting *(Steer et al 2018 unpublished)*
- Associated with poor clinical, functional and healthcare outcomes
- *(Arends et al 2017; Pressior et al 2010; Friejer et al 2013; Marshall et al 2018)*

Nutrition risk screening

- All patients with cancer, irrespective of weight history or BMI, should be screened for risk or presence of malnutrition *(Arends et al 2017, Thompson et al 2017)*
- Screening should occur at cancer diagnosis and regularly thereafter *(Arends et al 2017)*

Background

Identification of malnutrition in CALD patients

- Victoria is Australia’s most culturally diverse state
- MST only available in English
- MVCS project in 2016/2017 showed suboptimal screening practices for CALD patients in Victoria:
  - Malnutrition screening completed routinely in only 1/3 of CALD patients
  - For those screened, an interpreter was utilised for < 1/4 of all patients
  - Family members commonly used to assist with malnutrition screening (85%)

Aim

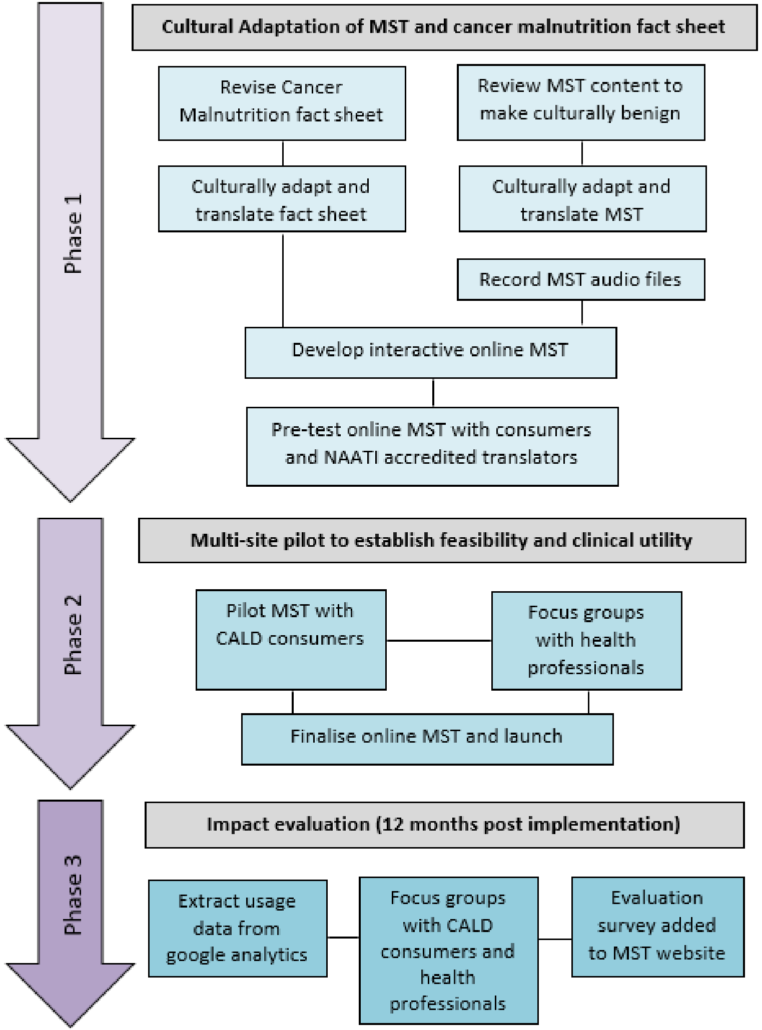
Aim of cultural adaptation of MST project

Culturally adapt the MST and associated malnutrition education resources into Victoria’s top 10 languages other than English, to reduce unwarranted variation of practice in the CALD population and promote best practice in nutrition risk screening

Funders

- Funded by WCMICS
- 14 month project
- (+ 4 month impact evaluation)

Overview



Cultural Adaptation of MST and cancer malnutrition fact sheet

Revise Cancer Malnutrition fact sheet

Review MST content to make culturally benign

Culturally adapt and translate fact sheet

Culturally adapt and translate MST

Record MST audio files

Develop interactive online MST

Pre-test online MST with consumers and NAATI accredited translators

Multi-site pilot to establish feasibility and clinical utility

Pilot MST with CALD consumers

Focus groups with health professionals

Finalise online MST and launch

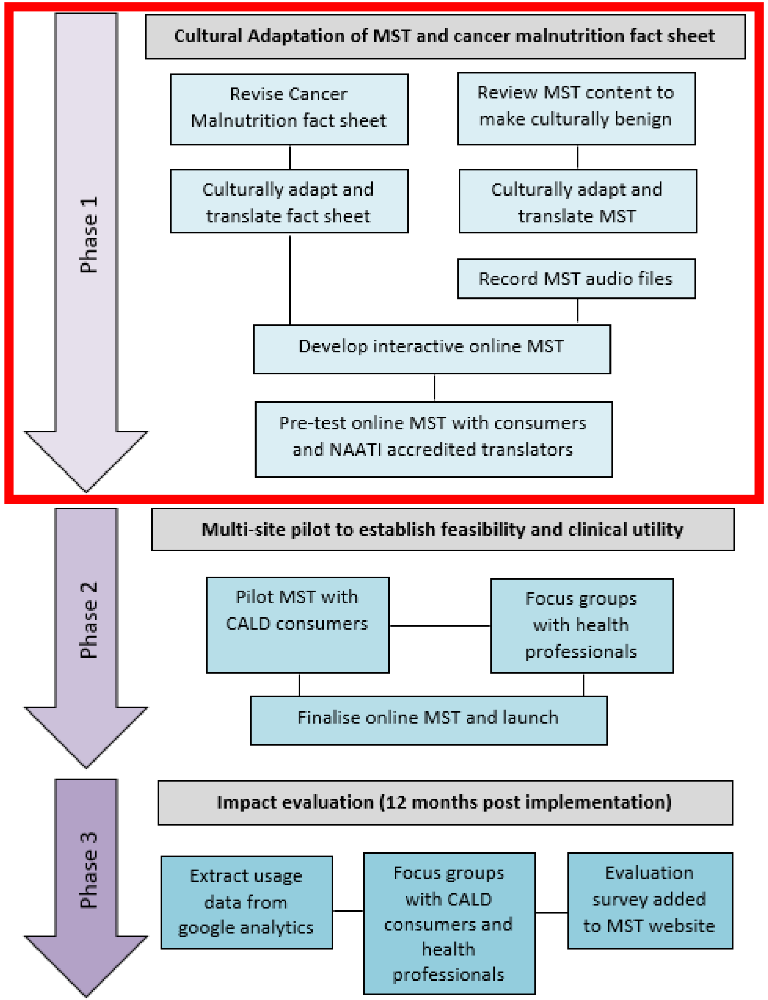
Impact evaluation (12 months post implementation)

Extract usage data from google analytics

Focus groups with CALD consumers and health professionals

Evaluation survey added to MST website

Phase 1

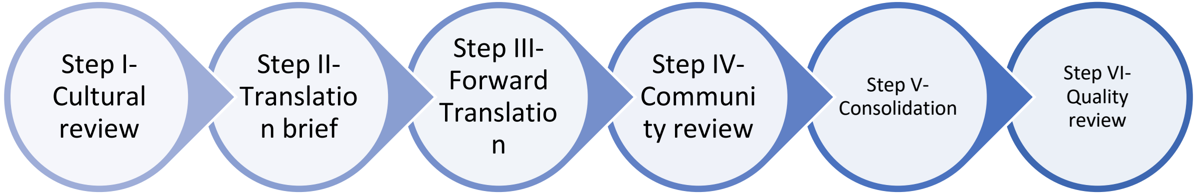

Phase 1
Cultural Adaptation of MST and cancer malnutrition fact sheet
Revise Cancer Malnutrition fact sheet
Review MST content to make culturally benign
Culturally adapt and translate fact sheet
Culturally adapt and translate MST
Record MST audio files
Develop interactive online MST
Pre-test online MST with consumers and NAATI accredited translators
Phase 2
Multi-site pilot to establish feasibility and clinical utility
Pilot MST with CALD consumers
Focus groups with health professionals
Finalise online MST and launch
Phase 3
Impact evaluation (12 months post implementation)
Extract usage data from google analytics
Focus groups with CALD consumers and health professionals
Evaluation survey added to MST website

Phase 1 – Cultural adaptation of MST and fact sheet

Language Profile

- Top 10 languages *(2013-2017)*:
  1. Greek
  2. Italian
  3. Mandarin
  4. Arabic
  5. Vietnamese
  6. Cantonese
  7. Macedonian
  8. Turkish
  9. Croatian
  10. Spanish

Cultural adaptation



Step I- Cultural review

Step II- Translation brief

Step III- Forward Translation

Step IV- Community review

Step V- Consolidation

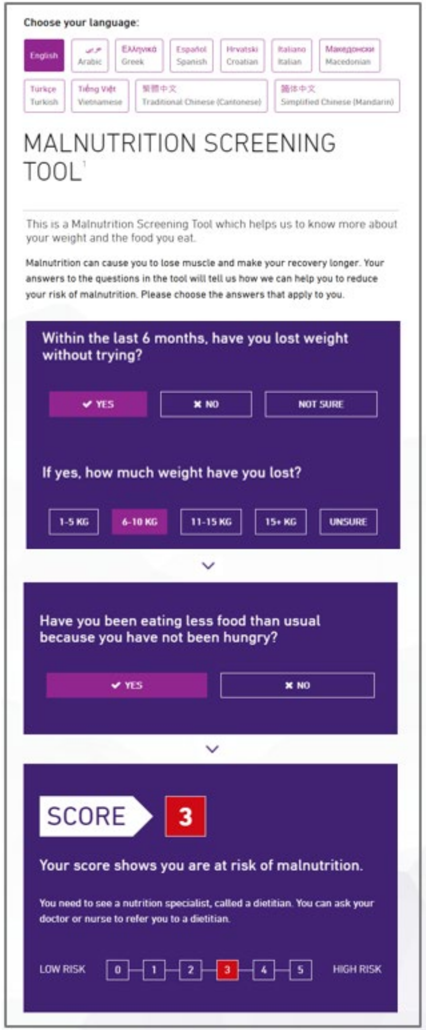
Step VI- Quality review

Phase 1

Develop online interactive MST

Translation & Cultural Adaptation + Creation of sound files + Webpage design = Online interactive MST

Access the online interactive MST:
https://www.petermac.org/MST



Choose your language:

English | عربي Arabic | Ελληνικά Greek | Español Spanish | Hrvatski Croatian | Italiano Italian | Македонски Macedonian | Türkçe Turkish | Tiếng Việt Vietnamese | 繁體中文 Traditional Chinese (Cantonese) | 简体中文 Simplified Chinese (Mandarin)

MALNUTRITION SCREENING TOOL[1]

This is a Malnutrition Screening Tool which helps us to know more about your weight and the food you eat.

Malnutrition can cause you to lose muscle and make your recovery longer. Your answers to the questions in the tool will tell us how we can help you to reduce your risk of malnutrition. Please choose the answers that apply to you.

Within the last 6 months, have you lost weight without trying?

[✓ YES] ✖ NO NOT SURE

If yes, how much weight have you lost?

1-5 KG [✓ 6-10 KG] 11-15 KG 15+ KG UNSURE

Have you been eating less food than usual because you have not been hungry?

[✓ YES] ✖ NO

SCORE 3

Your score shows you are at risk of malnutrition.

You need to see a nutrition specialist, called a dietitian. You can ask your doctor or nurse to refer you to a dietitian.

LOW RISK 0 1 2 [✓ 3] 4 5 HIGH RISK

MST score calculated automatically and displayed

Recommendations generated based on MST score

Phase 1

Pre-test online interactive MST

- Feedback from consumer representatives (n=4), bilingual health professionals (n=4)
  = 100% answer/question options & audio files easy to comprehend

- NAATI accredited translators (n=10)
  = 100% very satisfied with dialects and overall clarity

Phase 1

Revise/develop resources

Cancer malnutrition fact sheet:

VCMC

Victorian Cancer Malnutrition Collaborative

Preventing weight loss — Why is it important for people with cancer?

Nutrition is the food and drink you need for your health and wellbeing. Good nutrition is important for people who have cancer.

Food is your body's fuel. What you eat and drink gives you energy, protein, vitamins and minerals. These are all needed to make sure your body works well. If you do not give your body enough fuel (food and drink) this can cause weight loss. If this happens you are at risk of malnutrition.

Malnutrition is common in people with cancer, but is not always a side effect of cancer. Malnutrition should be prevented at all stages of the cancer journey as it can cause problems such as:

↑ Side effects from treatment, the chance of infection, time spent in hospital

↓ Muscle strength, how well treatment works, how well your immune system works, wound healing

Did you know that **1 out of every 4** people with cancer are malnourished?

Malnutrition can happen at any weight, shape or size

It is important to understand malnutrition can happen to anyone. It does not matter what size or shape you are or if you are overweight or underweight. You can still lose muscle, which can make you feel weak and not able to do your everyday tasks.

Why are people with cancer at risk of malnutrition?

Many factors can increase the risk of malnutrition, including:

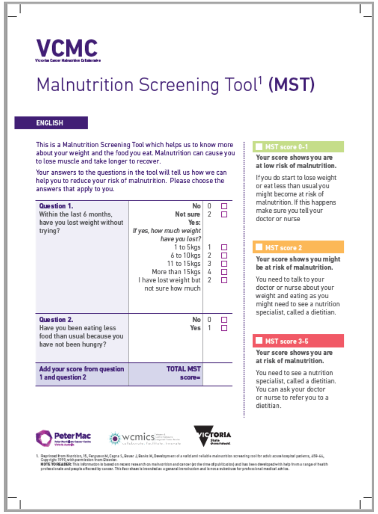
- Cancer and treatment for cancer can:
  - Cause your body to use more energy and protein (fuel).
  - Make it more difficult to eat.
- Feeling unwell.
- Stress, worry and feeling tired.

Could you have malnutrition?

Sometimes it is hard to tell if you have malnutrition. Some signs include;

- You have lost weight without trying. You need to tighten your belt. Your clothes feel loose.
- You are eating less than usual.

Printable MST:



VCMC

Victorian Cancer Malnutrition Collaborative

Malnutrition Screening Tool[1] (MST)

ENGLISH

This is a Malnutrition Screening Tool which helps us to know more about your weight and the food you eat. Malnutrition can cause you to lose muscle and take longer to recover.

Your answers to the questions in the tool will tell us how we can help you to reduce your risk of malnutrition. Please choose the answers that apply to you.

Question 1. Within the last 6 months, have you lost weight without trying?	**No**	0	☐
	Not sure	2	☐
	Yes:		
	If yes, how much weight have you lost?		
	1 to 5kgs	1	☐
	6 to 10kgs	2	☐
	11 to 15kgs	3	☐
	More than 15kgs	4	☐
	I have lost weight but not sure how much	2	☐
Question 2. Have you been eating less food than usual because you have not been hungry?	**No**	0	☐
	Yes	1	☐
Add your score from question 1 and question 2	**TOTAL MST score=**		

☐ **MST score 0-1**

Your score shows you are at low risk of malnutrition.

If you do start to lose weight or eat less than usual you might become at risk of malnutrition. If this happens make sure you tell your doctor or nurse

☐ **MST score 2**

Your score shows you might be at risk of malnutrition.

You need to talk to your doctor or nurse about your weight and eating as you might need to see a nutrition specialist, called a dietitian.

☐ **MST score 3-5**

Your score shows you are at risk of malnutrition.

You need to see a nutrition specialist, called a dietitian. You can ask your doctor or nurse to refer you to a dietitian.

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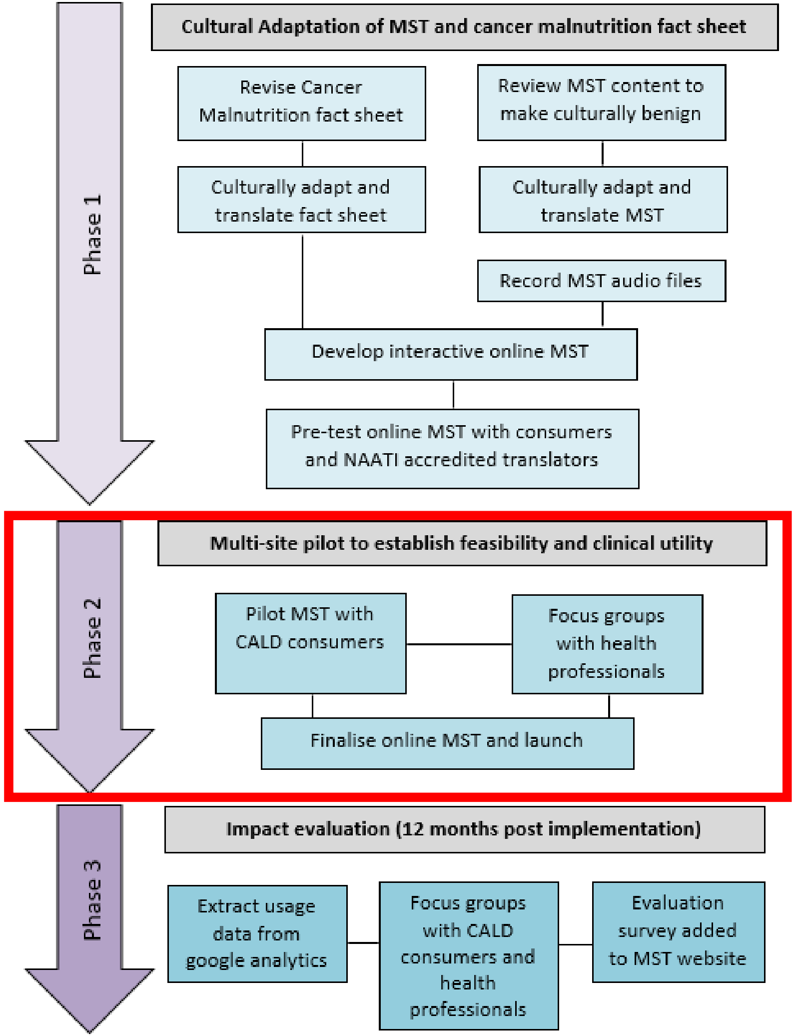
1. Reprinted from Nutrition, 15, Ferguson M, Capra S, Bauer J, Banks M, Development of a valid and reliable malnutrition screening tool for adult acute hospital patients, 458-64, Copyright 1999, with permission from Elsevier.

NOTE TO READER: This information is based on recent research on malnutrition and cancer (at the time of publication) and has been developed with help from a range of health professionals and people affected by cancer. This fact sheet is intended as a general introduction and is not a substitute for professional medical advice.

Available for download on Peter Mac website
https://www.petermac.org/nutritioninfo-clinicians

Phase 2



Phase 1

Cultural Adaptation of MST and cancer malnutrition fact sheet

Revise Cancer Malnutrition fact sheet

Review MST content to make culturally benign

Culturally adapt and translate fact sheet

Culturally adapt and translate MST

Record MST audio files

Develop interactive online MST

Pre-test online MST with consumers and NAATI accredited translators

Phase 2

Multi-site pilot to establish feasibility and clinical utility

Pilot MST with CALD consumers

Focus groups with health professionals

Finalise online MST and launch

Phase 3

Impact evaluation (12 months post implementation)

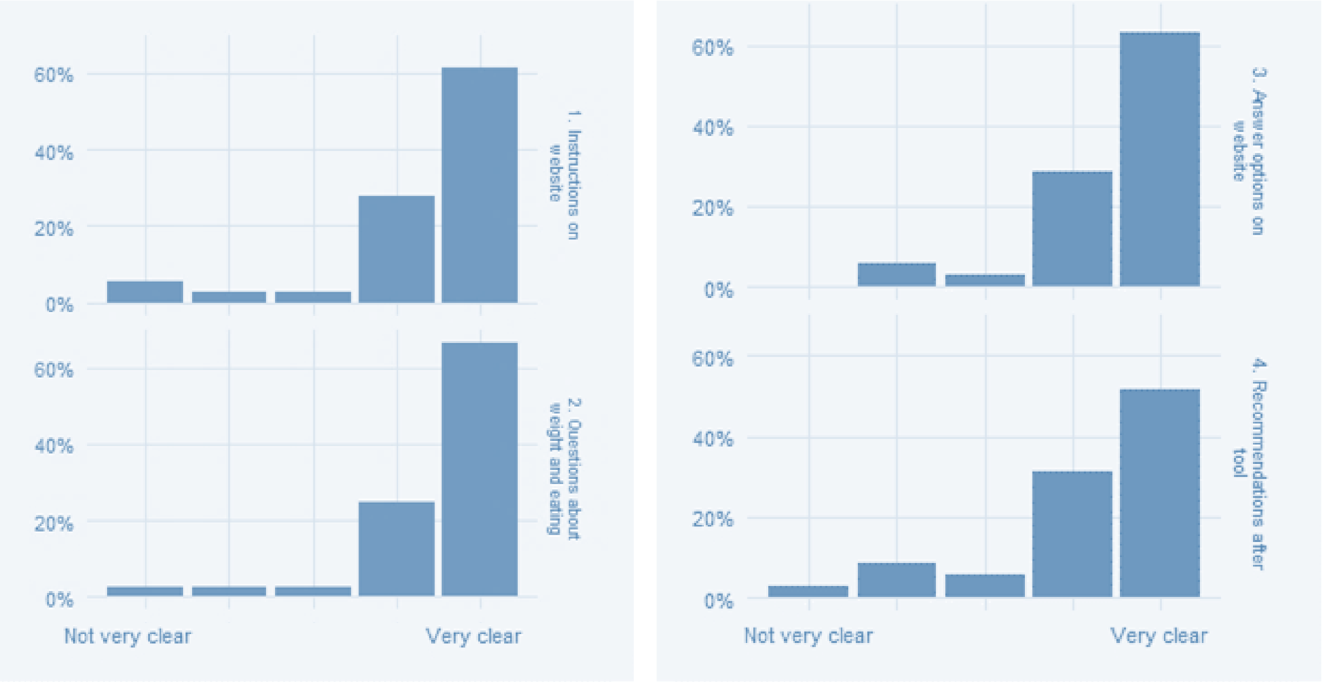
Extract usage data from google analytics

Focus groups with CALD consumers and health professionals

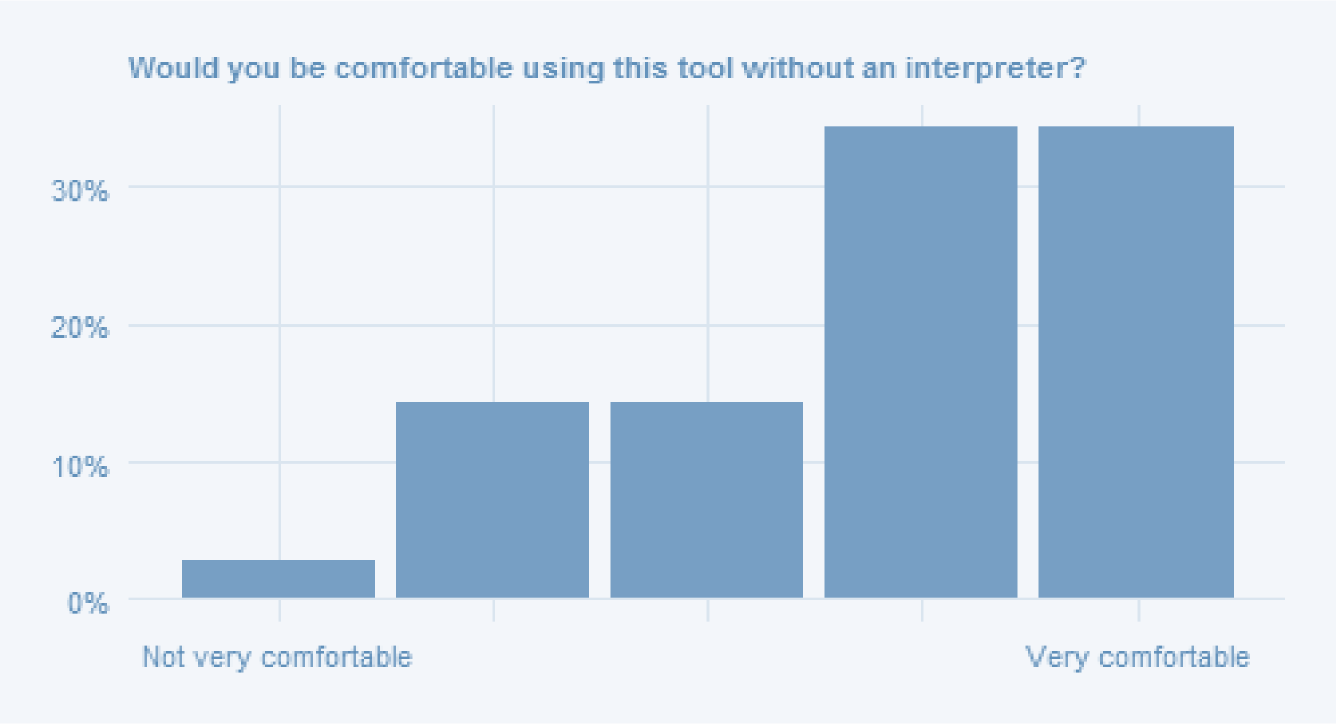
Evaluation survey added to MST website

Phase 2 – Multi-site pilot

Pilot online MST with CALD patients *(preliminary results)*



Phase 2

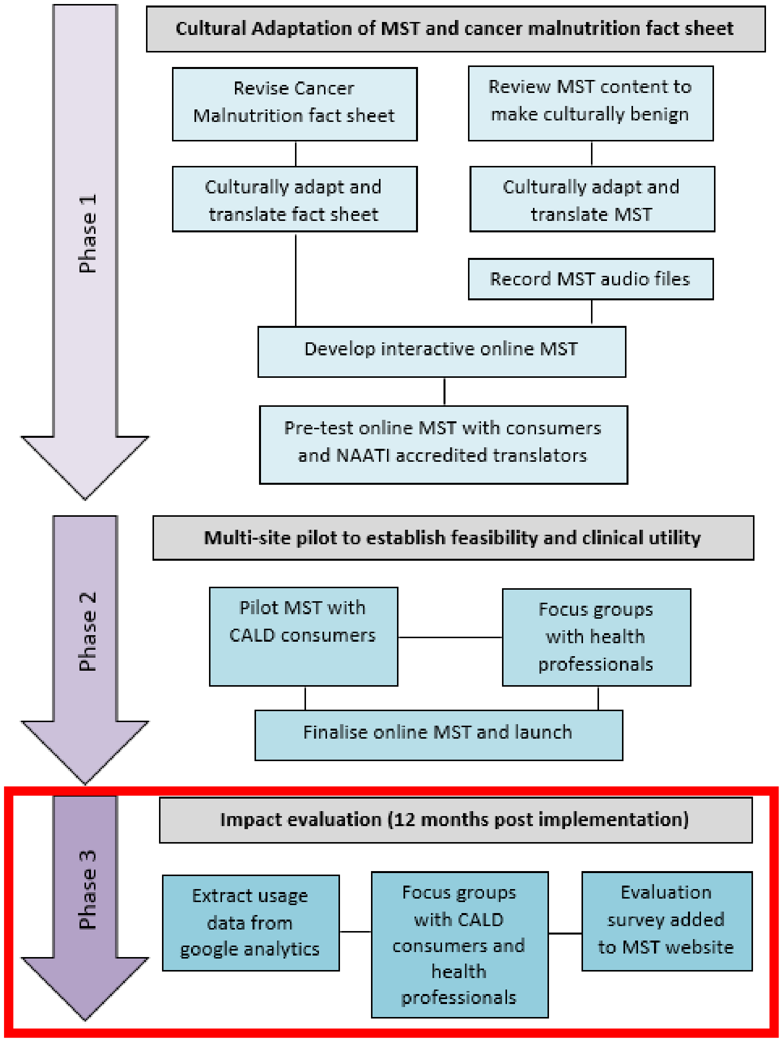

Would you be comfortable using this tool without an interpreter?
30%
20%
10%
0%
Not very comfortable
Very comfortable

Phase 2

Focus groups with health professionals *(preliminary results)*

Acceptability Perception that MST includes appropriate content, is easy to use & functions well	**Appropriateness** Perceived usefulness of MST
• User friendly & content flowed well. • The online platform posed a challenge for some of the elderly patients. • Best device to use – iPad.	• Patients appreciated having the tool in their language • Fills a gap in service delivery – ensures CALD patients aren't disadvantaged. • Appropriateness for elderly patients in question – some responded verbally and had the staff, interpreter or a family member fill it out online.
Adoption Uptake of MST	**Feasibility** Suitability of MST for everyday use
• Consent rate lower than desired • The majority of eligible patients were happy to participate. • However, several withdrew whilst completing the tool – too unwell.	• Strong support for everyday use. • Implications for when a patient is identified as at-risk and wants to ask questions, but there is no interpreter available. • The audio speed and volume were issues for some patients, particularly if in noisy environment.

Phase 3



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Phase 3 - Impact Evaluation

Aim:

Utilise principles of implementation research to understand how the online interactive MST is utilised by patients and health professionals, and its effectiveness.

What will be investigated?

- Factors effecting implementation
- Process of implementation
- Results of implementation

What does this mean?

- Improved equity of care for CALD patients
- Broad scope of impact
  - Victoria, Australia and abroad
  - Various health service settings (acute, community, primary care)
  - Anyone can use it- health professionals, family/carers, patients

Acknowledgements

Project Team

Emma McKie, Project Officer
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Tanya McKenzie, Health Literacy Manager, Peter Mac

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Sylaba, Translation services
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Icon, Web design
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Optimal Care Pathway
Pancreatic Cancer

Dilu Rupassara – OCP Project Lead
Western & Central Melbourne Integrated Cancer Service

wcmics
Western & Central Melbourne Integrated Cancer Service

background

- Western and Central Melbourne Integrated Cancer Service (WCMICS) is funded by the Victorian Department of Health and Human Services (DHHS), established in response to a State-wide commitment to cancer reform

- Our role is to work with hospitals to improve patient experiences and outcomes by connecting cancer care and driving best practice

- **Optimal Cancer Care Pathways** (OCPs) are national guides to the best cancer care for specific tumour types. Primary purpose is to improve patient outcomes by facilitating consistent cancer care based on standardised pathways

Pancreatic videos

Aim:

Facilitate access to self-care information for patients and carers affected by pancreatic cancer.

Objective:

Easily accessible and complementary to existing services and resources

Deliverables:

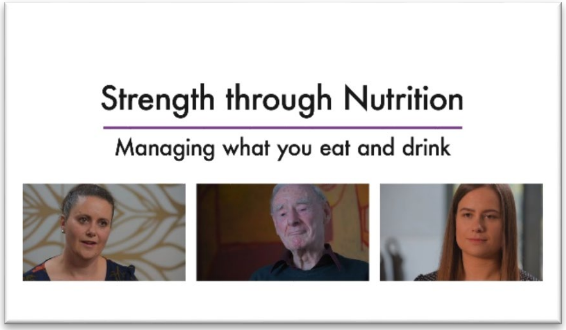
- Thoughts Matter
- Keeping Active
- Strength through Nutrition

Source: www.worldpancreaticcancerday.org

Thoughts Matter

Coping with stress and anxiety

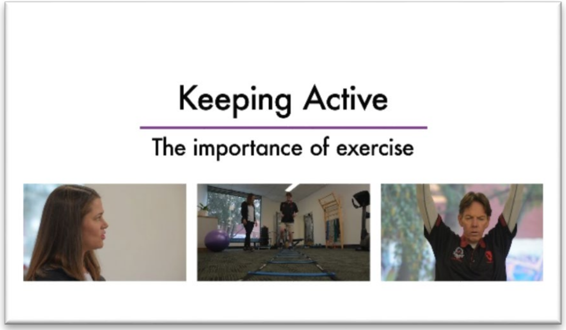
https://youtu.be/06VCAxmbz2k



Strength through Nutrition

Managing what you eat and drink

https://youtu.be/sDUxbKTJGY4



Keeping Active

The importance of exercise

https://youtu.be/1iP9htz4yaY

Scan the QR codes using your phone camera

taking up the challenge

Rewrite
the story of
pancreatic cancer
with us

The five-year survival rate for pancreatic cancer is just 9.8%

It has remained relatively unchanged for over 40 years. In contrast, other cancers, such as breast and prostate cancer, have achieved a five-year survival rate of over 90%, largely credited to progress made in early detection and treatment options.

THE HARSH REALITIES

APPROXIMATELY

3,599

men & women

will be diagosed with pancreatic cancer in 2019*

UP TO

3,051

men & women

will die from pancreatic cancer in 2019*

ONLY

9.8%

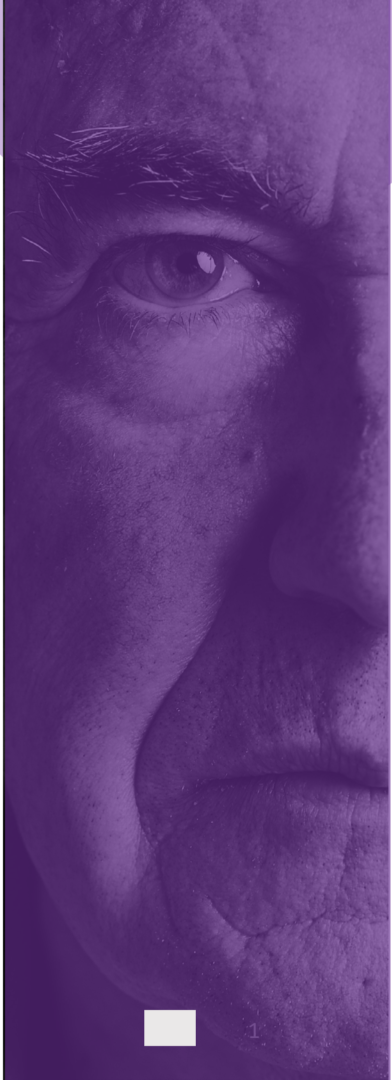
chance

of surviving past 5 years^

PANCREATIC CANCER IS THE **10th most commonly diagnosed cancer in Australia**

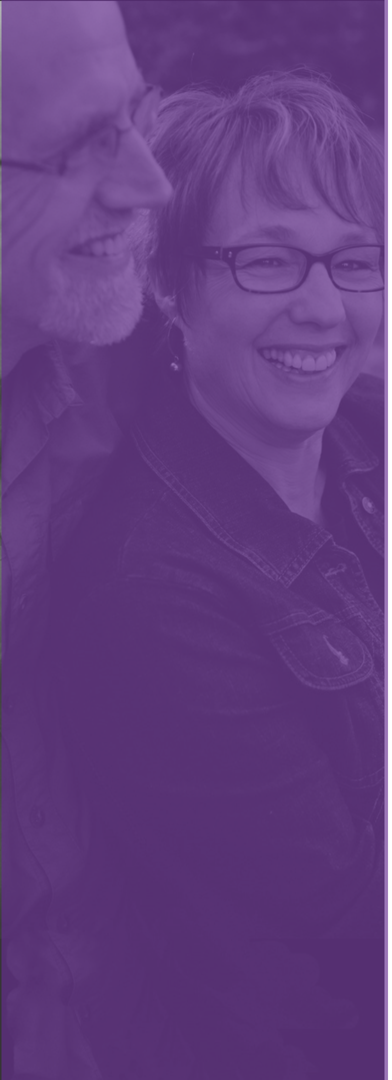
PANCREATIC CANCER IS THE **5th leading cause of cancer death in Australia**

BY 2030, IT IS PROJECTED THAT PANCREATIC CANCER **will be the 2nd leading cause of cancer death**



* Australian Government: Australian Institute of Health and Welfare: https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/summary

^ Australian Government: Australian Institute of Health and Welfare “Cancer in Australia: 2019” https://www.aihw.gov.au/getmedia/8c9fcf52-0055-41a0-96d9-f81b0feb98cf/aihw-can-123.pdf



Our plan for the future to demand better for pancreatic and upper gastrointestinal cancers

We’re committed to delivering patient support services and research investment into services and programs that will have a direct impact on increasing survival rates for pancreatic and upper GI cancers.

PATIENT SUPPORT PROGRAMS

Access to a Nurse Specialist

Financial assistance program Living with pancreatic cancer Patient

Support Days

Patient and carer support services

Telephone and face-to-face support groups

AWARENESS AND EDUCATION

Patient and dietary handbooks

Health professional education for GPs, nurses and practice managers

Fact sheets on signs and symptoms

Video resources about the importance of nutrition, exercise, psychology

RESEARCH

Discovering new treatments

Early detection screening program
National cancer registries

Supporting pancreatic cancer clinical trials

Providing scholarships for young researchers

Patient support programs

Pancreatic Cancer Nurse Specialist

It’s critical for pancreatic cancer patients and their carers to receive the right information and resources to support them. Through our dedicated service, our pancreatic cancer nurse can help patients understand a recent diagnosis, treatment options, learn practical ways to manage symptoms, connect them to supportive services and make informed choices on how they can live with pancreatic cancer.

Pancreatic Cancer Nurse Network

The Nurse Specialist will be developing a Pancreatic Cancer Nurse Network across Australia. The network will provide professional development but also link nurse with pancreatic cancer patients. This will be the first national network for pancreatic cancer nurses.

Living with Pancreatic Cancer Patient Support Days

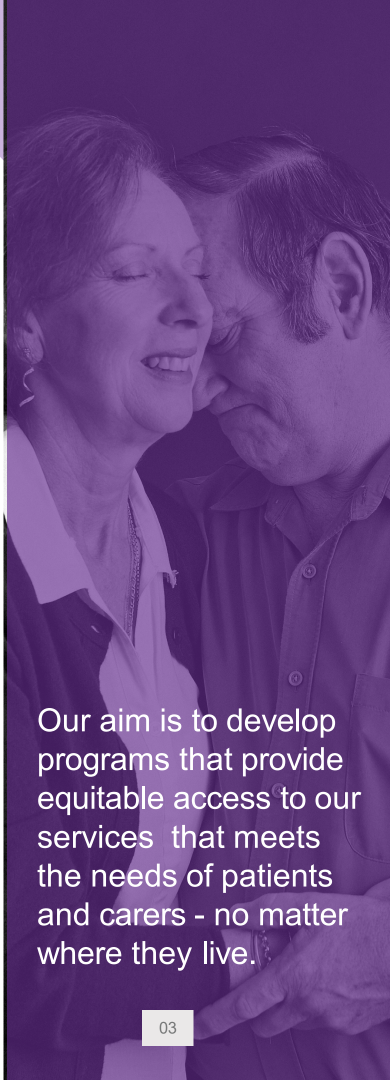
An informative series that brings together a team of dedicated health professionals to guide patients from diagnosis through to treatment and management of the disease. Each session provides information on managing symptoms, diet and exercise, mindfulness and more. These days are the first of their kind offered for people with pancreatic cancer.

Financial Assistance Program

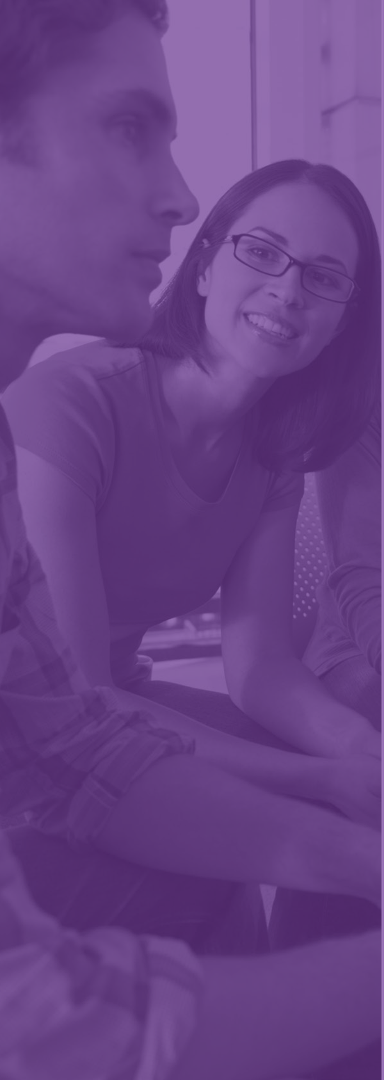
Support for families who are experiencing hardship due to the burden of living with pancreatic cancer by providing funds to pay for to medical appointments or scans, access complimentary therapies, purchase medical and mobility equipment and pay for household bills. We also provide funds for accommodation and travel for patients coming from regional or rural areas for treatment or appointments.

Patient & Carer Support

A network of face-to-face and telephone support groups for both patients and carers that connect people living with pancreatic cancer to exchange experiences in a caring environment. We will also be developing further carer services now the Carers Feasibility project is complete.



Our aim is to develop programs that provide equitable access to our services that meets the needs of patients and carers - no matter where they live.



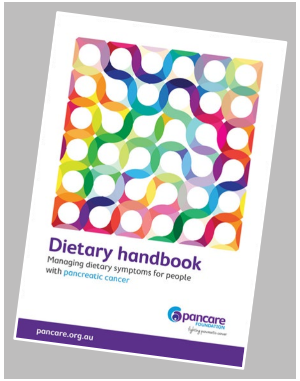
Awareness and education

OUR INITIATIVES

Patient Education

We develop and produce key patient information handbooks, factsheets and digital assets so patients and their carers can better understand their disease, diagnosis and treatment options to help raise awareness and education on these deadly cancers.

- Pancreatic Cancer Patient Handbook
- Pancreatic Cancer Dietary Handbook
- Cancer factsheets: signs and symptoms
- Digital assets: videos, animations and infographics to spread awareness on each cancer



Dietary handbook
Managing dietary symptoms for people with pancreatic cancer
pancare FOUNDATION
pancare.org.au

Health Professional Education

In conjunction with Pancreatic, Liver and Biliary Cancer specialists we conduct Education evenings for GPs, nurses, practice managers and other interested parties on the management of pancreatic, liver and biliary cancers. We also work in conjunction with nurses to deliver pancreatic cancer Nurse Seminars for professional development.

Research

OUR INITIATIVES

University of Melbourne & Austin Health Department of Surgery

Accelerating research into the treatment of pancreatic cancer by use of Novel Agents. The team are investigating therapies for the most common and most deadly form of pancreatic cancer, pancreatic ductal adenocarcinoma - known as PDAC. Research leads: Prof. Graham Baldwin and Assoc/Prof. Dr Mehrdad Nikfarjam.

University of Wollongong

Localised drug delivery for non-resectable pancreatic cancer at the University of Wollongong with principal investigator Dr Kara Vine-Perrow. This project is in partnership with Cancer Australia and funded by Pancare. While surgical removal of the tumour remains the only curative option, over 80% of patients present with inoperable disease. This project will test a novel drug delivery system that is capable of locally delivering 2 chemotherapeutic drugs directly to the site of the tumour with the overall goal of reducing tumour size so that patients can undergo life-saving surgery.

Scholarship PhD Researcher – University of Melbourne

Support a PhD Researcher in the field of pancreatic cancer for three years. Aligned with one of the leading cancer research facilities in Melbourne. Researchers also publish and can present at conferences their work.

Upper GI Cancer Registry - Monash University

The Upper GI Cancer Registry (UGI-CR) is a clinical quality registry designed to describe patterns of care following diagnosis of pancreatic, oesophageal, stomach, liver and biliary cancers. The aim of the registry is to identify variation in treatment and outcomes of patients that will lead to an improvement in patient outcomes and quality of care. Currently, a network of 27 cancer centres across Australia, New Zealand and Singapore with longitudinal data on in excess of 850 pancreatic cancer patients, which is set to grow. Research lead: Professor John Zalcberg.

Thank you for helping us rewrite the story of pancreatic cancer wcmics

Western & Central Melbourne Integrated Cancer Service

www.wcmics.org

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