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| **Optimal lung cancer care pathways – a Tasmanian perspective.** |
| Chui Lyn Leong¹, Ingrid Cox², Renae Grundy¹, Nicholas Harkness¹, Andrew Palmer², Barbara de Graaff², Emma Ball¹. |
| *1* *Department of Respiratory and Sleep Medicine, Royal Hobart Hospital, Tasmania, Australia.*  *2 Menzies Institute for Medical Research, University of Tasmania, Tasmania, Australia* |
| **Introduction/Aim:**  In Australia, Tasmania has the second highest rate of incident lung cancer cases at 44.0/100,000 population, with overall 5-year relative survival rate at 20%¹. This retrospective study aimed to map and compare patient transit timelines from referral, diagnosis, and treatment to national care quality indicators (NCQI) and optimal care pathway benchmarks (OCP).  **Methods:**  Data was extracted from the weekly lung cancer multidisciplinary team meeting minutes, Direct Medical Records (DMR) and ARIA Oncology-Information System for newly diagnosed small cell and non-small cell lung cancer cases between 2019 and 2022, at a regional, university-affiliated tertiary hospital in Tasmania. Sociodemographic data and key dates were extracted including first general practitioner (GP) referral, specialist appointments (respiratory, medical oncology, radiation oncology and cardiothoracic), investigations, diagnosis, staging and treatment. Timelines were benchmarked against NCQI and OCP.  **Results:**  The cohort included 165 cases, 153 (93%) patients with non-small cell cancer and 12 (7%) patients with small cell lung cancer; Mean age was 72 years, with 68% of patients within the age group 60-79; 57% were males, 38% active smokers and 55% ex-smokers. More than half of the patients were stage 3 or 4 (67%) and 56% of them had 4 or more comorbidities. Results for all years demonstrated that 93% of patients were seen by the respiratory service within 14 days of their GP referral and 71% diagnosed within 28 days of their referral, in accordance with current standards. All GP referral to any treatment intent and diagnosis to any treatment intent indicators were below the required standards, with on average 7% of patients meeting the quality standards (range 0-16%).  **Conclusion:**  Current national benchmarks have proven challenging to achieve with prolonged time to treatment of any intent. Challenges both at a patient and systemic level will need to be assessed to improve clinical indicator outcomes.  **Grant Support:** Nil grant support received.  **References**   1. Australian Institute of Health and Welfare. Cancer in Australia 2017. Australian Institute of Health and Welfare; 2017. <https://www.aihw.gov.au/reports/cancer/cancer-in-australia-2017/summary> 2. Cancer Council Victoria, Department of Health Victoria. Optimal care pathway for people with lung cancer, 2nd edn. Victoria, Australia: Cancer Council Victoria and Department of Health Victoria; 2021.   Key words: Lung cancer, Optimal care pathway, Timelines |