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| The Lung Cancer Clinical Quality Data Platform project: initial findings |
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| **Introduction/Aim:** Unwarranted variation in lung cancer care and outcomes is described in Australasia. The aim of this research was to benchmark real-time data against Clinical Quality Indicators (CQIs), to promote equitable, best practice lung cancer care in Australia and Aotearoa New Zealand. **Methods:** Data were prospectively captured from consenting adult patients with incident suspected or confirmed primary thoracic cancer from two tertiary hospitals in Perth, WA, between 1 September 2022 and 1 July 2023. CQIs were developed utilising a modified eDelphi consensus process, with input from multidisciplinary clinicians, researchers, and patient advocates in Australia and Aotearoa New Zealand. **Results:** Data from 292 patients were analysed. Patient age ranged from 45-95 years, 54% were male, and 82% had current or former tobacco exposure. Diagnoses included lung cancer (216 diagnoses), mesothelioma (7) and carcinoid (6). Benchmarking was feasible for 25/27 CQIs, with varied indicator attainment between 17 and 99%. The table summarises select indicators.

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| Clinical quality indicator | Result  | Quality standard |
| *For patients diagnosed with thoracic cancer:* |
| First diagnostic procedure within 28 days of initial referral  | 28%  | ≥90% |
| Smoking history documented  | 99% | ≥95% |
| Pathological confirmation  | 95% | ≥70% |
| Case reviewed at multidisciplinary team (MDT) meeting  | 98% | ≥85% |
| Performance status documented at MDT | 70% | ≥95% |
| *For patients diagnosed with lung cancer:* |
| Complete clinical cancer stage documented at MDT | 79% | ≥95% |
| Commenced anti-cancer treatment | 80% | ≥80% |
| Commenced anti-cancer treatment within 42 days of initial referral  | 17% | ≥60% |

**Conclusion:** Prospective data capture and timely benchmarking of thoracic cancer data is feasible. High rates of pathological confirmation and MDT utilisation were observed; however, care did not meet timeliness benchmarks. This may reflect patient complexity, inefficiencies and/or inadequate resources within health systems, or unattainable benchmarks. Patient recruitment and data collection is ongoing, and with further evaluation planned as part of the national LUCAP project.**Grant Support:** Australian Government Research Training Program Scholarship; Lung Foundation Australia; WA Department of Health; Lung Ambition Alliance. |