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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.   |  |  |  | | --- | --- | --- | | 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. |