**Advanced Lifehouse Support: Implementing and Evaluating a novel Nurse-led Diabetes and Cancer Service in an Australian Tertiary Hospital**

**Background:**

Cancer diagnoses, treatment options and survival rates have increased but managing treatment side-effects remains challenging. Glucocorticoids can lead to steroid-induced hyperglycaemia or worsen glycaemia in people with pre-existing diabetes. In response to increased inpatient and outpatient referrals to the Diabetes Centre from Oncology colleagues at Chris O’Brien Lifehouse, we established a dedicated multidisciplinary ambulatory service for people with cancer and diabetes and evaluated clinical outcomes and patient satisfaction.

**Methods:**

We developed the Diabetes and Cancer Service (DCS) with core principles of timely access-to-care, diabetes care tailored to the person’s cancer journey, flexible appointments (in-person/telehealth) and CGM when available. Retrospective analysis was performed on patient demographics, diabetes type/treatment, and cancer type/treatment. Patients were invited to anonymously complete the Patient Reported Experience Measures survey (PREMs).

**Results:**

Twenty-six people were reviewed in DCS since inception (June 2024). Mean age was 63±15 years, 92% male, and 69% had pre-existing diabetes (83% T2DM). There were 8.3±6.9 service encounters per patient (60% telehealth) followed up for 13.6±13.8 weeks. Pancreatic (n=6) and haematological cancers (n=4) were most common, and ~75% of patients received cyclical glucocorticoid therapy (prednisone or dexamethasone). Total daily insulin dose increased from 21±23 Units to 39±36 Units (on day of greatest insulin requirement), with 50% using CGM. Insulin therapy was proactively initiated and/or up-titrated rather than only reactive to hyperglycaemia. There was no severe hypoglycaemia or hospitalisations for hyper- or hypoglycaemia. Results of the PREMs will also be presented.

**Conclusions**:

Our innovative model-of-care addresses demand for semi-acute care, which cannot be managed within traditional clinic structures. Data shows the high frequency of contact needed to achieve acceptable glycaemia in the context of cancer-related multi-comorbidity and cyclical glucocorticoid dosing. Increasing demand for Oncology services will likely lead to increasing demand for Diabetes Clinician time, a need which could be met by skilled nurse-led care.