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| **Factors influencing optimal care pathways - a Tasmanian perspective.** |
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| **Introduction/Aim:**  Timely diagnosis and treatment are important pillars for favourable outcomes in lung cancer patients. Our study aimed to evaluate factors influencing patient transit timelines which did not satisfy national care quality indicator standards (NCQI) and optimal care pathway recommendations (OCP).  **Methods:**  Data for newly diagnosed small cell and non-small cell lung cancer cases between 2019 and 2022 were collected at a regional, university-affiliated tertiary hospital in Tasmania, from the weekly lung cancer multidisciplinary team meeting minutes, Direct Medical Records (DMR) and ARIA Oncology-Information System. Sociodemographic data and key dates were extracted including first (GP) referral, specialist appointments (respiratory, medical oncology (MO), radiation oncology (RO) and cardiothoracic (CTS)), investigations, diagnosis, staging and treatment. Timelines were benchmarked against NCQI and OCP. Regression analyses were conducted to assess factors influencing timelines that did not meet benchmarks.  **Results:**  The cohort included 165 cases, with 141 patients diagnosed with non-small cell cancer and 24 patients with small cell lung cancer, 47% with stage 4. Our results demonstrated that timelines from GP referral to diagnosis (GP-D) and to any treatment intent (GP-MO, GP-RO, GP-CTS) were all below NCQI and OCP benchmarks. Timelines for GP-D were longer for patients with more comorbidities and lower staged tumours. For GP-MO, older patients, smokers, and ex-smokers had longer timelines to treatment; GP-RO timelines were longer in lower staged tumours. For GP-CTS, persons in the oldest age group and the lowest socioeconomic level had longer timelines, when compared to other socioeconomic levels and age groupings.  **Conclusion:**  While some of our results may reflect clinical judgement and priorities in a resource constrained environment, it does not preclude the fact that other patient factors may influence timely diagnosis and treatment. This assessment provides some initial evidence which will be used in the design of our future research.  **Grant Support:** Nil grant support received.  Keywords: Lung cancer, patient factors, risk factors, optimal care pathways |