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| **A comparison of non-small cell lung cancer surgical care indicators between Victoria and Queensland** |
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| **Introduction/Aim:** Identifying unwarranted variations in cancer care between states highlights opportunities for improving patient care and provides real-world comparisons of cancer specific indicators based on clinical guidelines. This study aimed to compare state-wide cancer treatment and survival data among patients with non-small cell lung cancer (NSCLC) between Queensland (Qld) and Victoria (Vic). **Methods:** Queensland data were obtained from the Qld Oncology Repository and Victorian data from the Centre for Victorian Data Linkage Integrated Data Resource. Both resources involved linkage with multiple state-wide datasets. NSCLC patients diagnosed between 2015-2019 were included (Vic N = 13,255, Qld N = 10,500). The datasets were not combined, and the methodology and indicators were based on Qld Cancer Quality Index. **Results:** Similar patterns of care for NSCLC were found between states when comparing treatment rates. Surgical mortality and survival rates were excellent when compared with national and international benchmarks. Variation in 90-day surgical mortality was identified (Qld 1.2%, Vic 3.1%) and 1 year surgical survival (Qld 94%, Vic 90%). Variation in practice was also found in time to surgery. In Qld 54% of patients received surgery within 30 days of diagnosis compared with 76% in Vic. This result was poorer in public facilities for Qld, (Qld 40%, Vic 70%).**Conclusion:** This project demonstrates the mutual benefit of identifying areas of improvement in Vic and Qld and serves as a model for other Australian states to join and enable the development of reporting and monitoring to drive healthcare performance towards best practice and improved outcomes for people with cancer. Both states saw improvements across most reported outcome measures compared to previous reporting. Further analysis is required to investigate waiting times for priority population groups such as rural and remote areas, elderly, lower socioeconomic status, and First Nations peoples. **Grant Support:** Nil **Grant Support:**  |