|  |
| --- |
| **The 2023 Landscape Survey of Lung Cancer Care in Australasia** |
| Jessica Nash1,2, Tracy Leong3,4, Paul Dawkins5, Emily Stone6,7, Henry Marshall8,9, Fraser Brims1,2,10 on behalf of the LUCAP investigator team. |
| 1. Curtin Medical School, Curtin University, Perth WA 2. Department of Respiratory Medicine, Sir Charles Gairdner Hospital, Perth, WA 3. Department of Respiratory and Sleep Medicine, Austin Health, Melbourne, Victoria 4. University of Melbourne, Melbourne Victoria 5. Department of Respiratory Medicine, Middlemore Hospital, Auckland Aotearoa New Zealand 6. Department of Thoracic Medicine and Lung Transplantation, St Vincent’s Hospital Sydney NSW 7. School of Clinical Medicine, UNSW, Sydney NSW 8. Department of Thoracic Medicine, The Prince Charles Hospital, Brisbane Queensland 9. The University of Queensland Thoracic Research Centre, Brisbane Queensland 10. Institute for Respiratory Health, Perth WA |
| **Introduction/Aim:**  Variations in workforce and infrastructure may contribute to unwarranted variation in the quality of lung cancer care. We undertook a survey of institutions in Australia and Aotearoa New Zealand, with the aim to better understand the hospital-based resources currently available for lung cancer management.  **Methods:**  An online Qualtrics survey was distributed to clinicians utilising professional (e.g. TSANZ, Lung Foundation Australia) and personal networks, available for completion between February and June 2023. One response from every institution treating lung cancer in Australia and Aotearoa New Zealand was sought. Questions included institutional characteristics, staffing profile, and local infrastructure.  **Results:**  A total of 116 responses were received, with 89 responses from unique institutions; this is estimated to represent 85% of all Australian institutions treating lung cancer, and 100% of all public institutions in Aotearoa New Zealand. Only 36% (32/88) institutions routinely discuss all patients diagnosed with lung cancer at multidisciplinary team (MDT) meeting, and only 38% (34/88) fulfil minimum recommended MDT staffing; disciplines most commonly absent include lung cancer specialist nurses and Nuclear Medicine Physicians. Compared to 2021 survey data, Thoracic Surgery representation at MDT has improved (92% compared to 77%). Non-metropolitan institutions appear to have reduced on-site access to some diagnostic investigations (EBUS bronchoscopy, PET/CT) and treatment modalities (surgery, stereotactic radiotherapy) compared to metropolitan institutions. Just 37% of institutions have dedicated specialist nurses on site, and only four institutions have integrated smoking cessation support in their lung cancer service.    **Conclusion:**  This wide-reaching survey has identified deficiencies in lung cancer workforce and infrastructure gaps. Care coordination, advocacy and policy change will be required to ensure all patients diagnosed with lung cancer receive optimal care, particularly in light of the future implementation of lung cancer screening.  **Grant Support:**  Australian Government Research Training Program Scholarship; Lung Foundation Australia; WA Department of Health. |