MESSAGE FROM THE CHAIR

It is a pleasure to introduce the MPCCC’s Annual Report 2015 – 2016. This is the first year that southern Melbourne’s cancer improvement achievements and highlighted activities have been compiled into one, united publication.

The report is a reflection of our increasing integration and co-ordination of cancer service provision and cancer research, transcending organisational boundaries, from bench to bedside. It paints a rich portrait of the important work of the MPCCC and the contributions its members have made towards improving the lives of people with cancer.

As the incoming Chair I would like to extend our sincere gratitude to Dr Michael Walsh, who Chaired MPCCC from 2014 to April 2016 and led the formation and establishment of the MPCCC. I would also like to acknowledge Prof Jonathan Serpell for his contribution as Monash Partners Cancer and Blood Diseases Theme Leader from 2013 to February 2016.

I feel privileged to have the opportunity to interact with an extended group of research and clinical leaders who are clearly dedicated to engaging with their colleagues to influence change and innovation.

As the MPCCC develops and grows in purpose and strength, it is evident that there is much work to be done, and much to look forward to.

SUE WILLIAMS
CHAIR
MPCCC
ABOUT US

MONASH PARTNERS ACADEMIC HEALTH SCIENCE CENTRE

VISION: TO MEASURABLY IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

Established in 2011, Monash Partners Academic Health Science Centre was created to deliver improved health outcomes to benefit the 2.8 million people living in Melbourne’s south and south east. The founding partners include Monash University, Monash Health, Alfred Health, Cabrini Health, Epworth Healthcare, Baker IDI, Burnet Institute and the Hudson Institute of Medical Research.

Monash Partners is structured around seven Clinical Themes, one of which is the Cancer and Blood Diseases Theme, and three cross-cutting Disciplines, linking clusters of specialisation across multiple sites and organisations.

The aim is to integrate research, education and healthcare, and build partnerships to accelerate the pace, scale and impact of research and innovation to deliver tangible health benefits.

In 2015 Monash Partners was recognised by the National Health and Medical Research Council as one of four Advanced Health Research and Translation Centres in Australia.

PROF HELENA TEEDE
EXECUTIVE DIRECTOR
MONASH PARTNERS ACADEMIC HEALTH SCIENCE CENTRE

MONASH PARTNERS COMPREHENSIVE CANCER CONSORTIUM (MPCCC)

VISION: TO IMPROVE THE OUTCOMES OF PEOPLE AFFECTED BY CANCER.

MPCCC is the Cancer and Blood Diseases Theme of the Monash Partners Academic Health Science Centre and represents a formal alliance of the Monash Comprehensive Cancer Consortium (MCCC) and the Southern Melbourne Integrated Cancer Service (SMICS). Our partner organisations include Monash University, Hudson Institute of Medical Research, Alfred Health, Monash Health, Peninsula Health and Cabrini Health.

MPCCC provides a single portal for cancer improvement in southern Melbourne by uniting all the relevant agencies under a single umbrella.

Launched in 2015, MPCCC works collaboratively with our partner organisations to bring a co-ordinated multidisciplinary approach to innovating clinical oncology practices, improving cancer services and delivering the next generation of research for better cancer prevention, early detection and treatment of cancer.

MPCCC’s future focus is to:

• develop a strategic plan for MPCCC
• review the existing governance structure to meet requirements of Monash Partners Academic Health Science Centre
• enable new capacity-building programs that support research and clinical excellence, and empower collaboration and co-operation
• invite co-operation and collaboration with VCCC and regional health services
• invite greater participation from GPs through the Primary Health Networks
• establish a united MPCCC communications platform, including a website, newsletter and social media.
MONASH COMPREHENSIVE CANCER CONSORTIUM (MCCC)

VISION: TO BRING TOGETHER THE RESEARCH AND CLINICAL STRENGTHS OF ITS PARTNER ORGANISATIONS TO DELIVER AN INTERNATIONALLY RECOGNISED RESEARCH PROGRAM THAT COMPLIMENTS A WORLD-CLASS SYSTEM OF INTEGRATED CLINICAL CANCER CARE IN VICTORIA.

MCCC’s role is to facilitate cancer research and assist in its effective translation into clinical practice, by providing an inclusive research and clinical network, and structures to enable communication and collaboration.

MCCC enhances the capacity and capability of its participants through facilitating genuine project collaborations, providing regular communications and networking activities, and supporting workforce development programs.

MCCC’s future focus is to:

- contribute to the research elements of a strategic plan for MPCCC
- inspire excellence in research through leadership
- maximise the opportunity for cancer research that delivers new knowledge, new treatments and better outcomes for cancer patients
- enable a high-quality research workforce to collaborate and co-operate across organisational and disciplinary boundaries
- facilitate career opportunities, training and development for the next generation of cancer researchers
- embed clinical registries as a quality tool to assess and continuously improve the outcomes of clinical practices for patients.

SOUTHERN MELBOURNE INTEGRATED CANCER SERVICE (SMICS)

VISION: TO FACILITATE A NETWORK OF CANCER SERVICES IN SOUTHERN MELBOURNE THAT OFFERS EXCEPTIONAL CARE, AN IDEAL EXPERIENCE AND OPTIMAL CLINICAL OUTCOMES FOR PEOPLE AFFECTED BY CANCER.

SMICS is one of nine integrated cancer services established in 2004 to facilitate the implementation of the Victorian Government cancer reforms across southern Melbourne.

SMICS, in conjunction with our member health services, is focused on addressing the Department of Health and Human Services’ key priorities: multidisciplinary care, supportive care, care coordination and reducing unwanted variation in practice.

Through our established tumour stream networks we aim to improve the quality and continuity of patient care, ensure that appropriate links exist between health services and to optimise patient pathways for people affected by cancer.

SMICS is pivotal in ensuring strong coordination and planning across the southern Melbourne region.

SMICS’ future focus is to:

- strive towards the implementation of supportive care strategies aimed at improving the patient experience
- improve the quality of multidisciplinary team meetings
- lead the Victorian Lung Cancer Service Redesign Project
- implement the Optimal Care Pathways
- develop health pathways in specific tumour streams in conjunction with the SMICS member health services and the Primary Health Care Networks
- implement the Colorectal survivorship model of care in conjunction with the North Eastern Melbourne Integrated Cancer Service (NEMICS)
- explore a model of care for geriatric oncology
- establish systems for managing acute oncology emergencies such as febrile neutropenia
- evaluate the eviQ ADAC online oncology nursing education program
- establish an advanced practice nursing network
- expand consumer involvement in SMICS work
- encourage the uptake of health services and clinical research within the SMICS region and beyond
- continue to strengthen SMICS relationship with Gippsland Regional Integrated Cancer Service (GRICS)
- continue to develop relationships with private health services within the SMICS region
- contribute to the service improvement aspects of the MPCCC strategic plan.
MPCCC GOVERNANCE

PARTNER CEOS

MPCCC would like to acknowledge the leadership and continued support of our partner’s CEOs and the Dean of the Faculty of Medicine, Nursing and Health Sciences, Monash University.

It is thanks to their united vision and enduring partnership that the MPCCC has emerged as an integral component of the Victorian healthcare system, and as the flagship Theme of the Monash Partners Academic Health Science Centre.

SUE WILLIAMS
CHIEF EXECUTIVE OFFICER
PENINSULA HEALTH

SHELLEY PARK
CHIEF EXECUTIVE
MONASH HEALTH
(resigned February 2016)

ANDREW STRIPP
CHIEF EXECUTIVE
MONASH HEALTH
(appointed May 2016)

PROF ANDREW WAY
CHIEF EXECUTIVE
ALFRED HEALTH

PROF CHRISTINA MITCHELL
DEAN, FACULTY OF MEDICINE
NURSING AND HEALTH
SCIENCES
MONASH UNIVERSITY

DR MICHAEL WALSH
CHIEF EXECUTIVE
CABRINI HEALTH

PROF MICHAEL WALSH
CHIEF EXECUTIVE
CABRINI HEALTH

PROF BRYAN WILLIAMS
INSTITUTE DIRECTOR AND CHIEF EXECUTIVE OFFICER
HUDSON INSTITUTE OF MEDICAL RESEARCH
2015-2016 LEADERSHIP GROUP AND EXECUTIVE COMMITTEE

MPCCC LEADERSHIP GROUP

DR MICHAEL WALSH
Chair
Executive Committee
Monash Partners Comprehensive Cancer Consortium
(until April 2016)

MS SUE WILLIAMS
Chair
Executive Committee
Monash Partners Comprehensive Cancer Consortium
(from May 2016)

PROF GAIL RISBRIDGER
Research Director
Monash Partners Comprehensive Cancer Consortium

DR PETER BRIGGS
Clinical Director
Southern Melbourne Integrated Cancer Service

PROF JONATHAN SERPELL
Cancer and Blood Diseases Theme Leader
Monash Partners Academic Health Science Centre
(until March 2016)

MPCCC EXECUTIVE COMMITTEE

PROF ERWIN LOH
Chief Medical Officer
Monash Health

DR PETER LOWTHIAN
Executive Director
Medical Services
Cabrini Health

MS KETHLY FALLON
Clinical Services Director
Cancer and Medical Specialities
Alfred Health

MR BRENDON GARDNER
Chief Operating Officer
Frankston Hospital
Peninsula Health

MS SARAH NEWTON
Deputy Dean External Relations, Faculty of Medicine Nursing and Health Sciences
Monash University

A/PROF JEREMY MILLAR
Director, Radiation Oncology
Alfred Health;
Director, William Buckland Radiotherapy Centre

A/PROF PAUL MCMURRICK
Head, Cabrini
Monash University
Department of Surgery
The Fröhlich West Chair of Surgery

PROF BRYAN WILLIAMS
Director, Hudson Institute of Medical Research

A/PROF PETER DOWNIE
Head, Paediatric Haematology-Oncology
Monash Health;
Director, Children’s Cancer Centre
Monash Children’s Hospital

PROF ROGER DALY
Head, Department of Biochemistry and Molecular Biology
Faculty of Medicine
Nursing and Health Sciences
Monash University

PROF JOHN ZALCBERG
Professor of Cancer Research
Department of Epidemiology and Preventive Medicine
Monash University

PROF IAN DAVIS
Head, Eastern Health Clinical School
Monash University

PROF HELENA TEEDE
Executive Director
Monash Partners Academic Health Science Centre

MPCCC OPERATIONS AND MANAGEMENT

MS HEATHER DAVIS
Manager, Southern Melbourne Integrated Cancer Service

MS ANNA KILGOUR
Chief Operating Officer, Monash Comprehensive Cancer Consortium

MS PENNY WALKER
Secretary, Executive Committee, Monash Partners Comprehensive Cancer Consortium
(until May 2016)

MS LINDA MADDAFORD
Secretary, Executive Committee, Monash Partners Comprehensive Cancer Consortium
(from May 2016)
ALFRED HEALTH, AWARDED PREMIER’S HEALTH SERVICE OF THE YEAR 2015

In 2015 Alfred Health was awarded Victoria’s most prestigious accolade - the Premier’s Health Service of the Year.

Alfred Health was also highly commended in the Minister for Health’s award for excellence in cancer care, for its “Positive Change for Life” program. Positive Change for Life is an innovative community-based lifestyle modification program that aims to support blood cancer patients to make sustainable changes to nutrition and physical activity, in order to reduce the risks of obesity, high blood pressure, high cholesterol and diabetes.

PENINSULA HEALTH TO OPEN $20M RESEARCH AND TEACHING HUB

A $20 million Academic Centre is underway at Peninsula Health’s Frankston Hospital campus, with construction expected to begin in 2016.

This leading-edge development will create an academic precinct that will include a lecture theatre, meeting rooms, a library and research laboratories. The new precinct will position Peninsula Health as the premier academic and health research centre for the Mornington Peninsula.

CABRINI RECOGNISED AS USA FEDERAL DRUG ADMINISTRATION ACCREDITED TRIAL SITE

In 2015 the USA Federal Drug Administration recognised Cabrini as an accredited clinical trial site. This is a substantial achievement, particularly in the private health setting, and reflects the very active clinical trials program hosted by the Cabrini Monash University Department of Medical Oncology, The Szalmuk Family Department of Medical Oncology.

Clinical trials are an essential way of providing patients with access to the latest advances in cancer therapeutics, and there is compelling evidence that best practice in clinical oncology is associated with active clinical trials programs.
**Monash University Establishes Biomedicine Discovery Institute**

Committed to making discoveries that will relieve the future burden of disease, the newly established Monash Biomedicine Discovery Institute at Monash University brings together more than 100 internationally renowned research teams.

Our researchers work in interdisciplinary teams to tackle the major diseases, including cancer. Supported by world-class technology and infrastructure, we partner with the best scientists, industry and clinicians, in order to translate our findings to new therapeutics.

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**MHTP Opens $87.5M Translational Research Facility**

The Australian Minister for Health, the Hon Sussan Ley MP, officially opened the Translational Research Facility at the Monash Health Translation Precinct (MHTP) in March 2016.

The new $87.5 million Translational Research Facility brings together researchers, clinicians and patients in an innovative collaboration that encourages patient-centred research and the sharing of knowledge and learning between researchers. The five-level building houses extensive medical and scientific research laboratories, cutting-edge technological units, as well as clinical trial facilities to bring the latest research directly to patients.
2015 CANCER DINNER AND LAUNCH OF MPCCC

The 2015 Cancer Forum was the perfect occasion to launch the MPCCC. Around 160 of our dedicated cancer stakeholders were in attendance to help us celebrate at the Huntingdale Golf Club. Chaired by Prof Christina Mitchell, Dean of Medicine, Nursing and Health Sciences, Monash University, the event welcomed a series of high profile leaders to inspire and challenge our audience, including: Mr Frank McGuire, Parliamentary Secretary for Medical Research; Prof Andrew Way, Chief Executive Alfred Health; Prof Sanchia Aranda, CEO Cancer Council Australia; Prof Edwina Cornish, Provost and Senior Vice President, Monash University; Mr Paul Villanti, Program Director Movember Foundation; and Ms Kylie Lewis, Cancer Survivor and recipient of the Premier’s Young Volunteer of the Year award and Co-Chair Victorian & Tasmanian Youth Cancer Advisory Board.
The Hudson Institute welcomed A/Prof Ron Firestein as the Head of the Centre for Cancer Research in August 2015.

A physician scientist, A/Prof Firestein joined the Hudson Institute from US-based biotechnology corporation Genentech, where as a cancer researcher and pathologist, he focused on cancer biomarker development in early-stage research and in clinical trials. There, A/Prof Firestein also led a research laboratory focused on novel oncogenic target identification and validation in colon, breast and lung cancer.

A/Prof Firestein said “Joining the Hudson Institute is a fantastic opportunity. The two key Institute strengths that led me to come here were the strong culture of collaboration and multidisciplinary research, and the clinical and translational strength on the Monash Health campus. Our Centre is composed of young, dynamic scientists and clinicians who are tackling the most challenging problems in cancer research using unique and multidisciplinary approaches. It’s exciting to see how ‘out of the box’ thinking can come together as project ideas are spawned between our scientists and other Hudson Centres that focus on orthogonal questions in immunity, endocrinology and reproductive health. These types of collaborations are intellectually exciting, creative and risky – exemplifying how academic latitude can often times lead to innovation”.

“With an impressive clinical and research background specialising in geriatric medicine, Professor Srikanth will bring a wealth of experience to the academic and research culture at Peninsula Health, and with his team, will substantially assist our capability and capacity to undertake research” said Sue Williams, CEO of Peninsula Health.

“My ambition for this role is to foster and develop strong and vibrant clinical research at Peninsula Health across medical and allied disciplines”, said Prof Srikanth.

Prof Velandai Srikanth has been appointed as the inaugural Professor of Medicine, Peninsula Health, and will commence in September 2016.

The appointment was made in conjunction with Monash University’s Central Clinical School and will provide academic leadership across Peninsula Health and a senior clinical role at Frankston Hospital.

“My ambition for this role is to foster and develop strong and vibrant clinical research at Peninsula Health across medical and allied disciplines”, said Prof Srikanth.
CANCER TRIALS IN SOUTHERN MELBOURNE

26%
of open cancer clinical trials in Victoria are hosted by hospitals in southern Melbourne

Our hospitals provided

1487 new cancer patients and
226 follow-up patients with access to the latest cancer trials*

95%
of new patients recruited to cancer trials in our region are involved in trials associated with new treatments*

41%
of open cancer trials in southern Melbourne are investigating blood cancer*

18%
of new patients recruited to open trials in southern Melbourne are involved in Phase I trials ("first in human" trials testing innovative new therapies)

* Source: Cancer Council Victoria’s Clinical Network Victorian Cancer Trials Management System data (latest data available 2014)
MESSAGE FROM RESEARCH DIRECTOR

Thanks to the vision and support of the Victorian Cancer Agency, the MCCC has been given the opportunity to expand its current agenda and to investigate initiatives to extend our relationships with other Victorian centres. This will be a major focus of our activities in 2016.

The opportunities are infinite. Our scientists and clinicians are working together to identify urgent clinical problems and utilise latest research technologies, including immunology, epigenetics, proteomics and 3D technologies to establish targeted research projects that will deliver rapid benefits to patients. The research highlights presented in this section demonstrate some examples of this excellent work.

In addition, emerging funding programs are enabling new research across our region, for example in the field of cancer services research, which has enormous potential to deliver both short term benefits to patients and economic efficiencies to the health system.

This is an exciting time to be involved in oncology research and we are delighted to be on the front line.

PROF GAIL RISBRIDGER
RESEARCH DIRECTOR
MCCC
TRIAL FOR PROSTATE AND BOWEL CANCER BRINGS PERSONALISED MEDICINE A STEP CLOSER

A team of researchers and clinicians from Monash University, Hudson Institute and Cabrini Health have been awarded a $2 million grant from the Victorian Cancer Agency to start a world-first Phase II clinical trial aimed at identifying which patients with bowel or prostate cancer will respond well to a suite of anti-cancer drugs called BET inhibitors.

BET inhibitors are a relatively new class of cancer drugs that target tumour cells at a genetic level by essentially ‘switching off’ the expression of certain cancer genes.

A/Prof Ron Firestein, Head of the Centre for Cancer Research at Hudson Institute, said “At Genentech, my group’s research found that patients who express a particular genetic marker called long-non-coding RNAs may respond best to this type of genetic cancer therapy”.

“Improving the effectiveness of targeted cancer therapies not only improves survival rates, it also provides more options to patients who invariably develop chemotherapy resistance”, said A/Prof Firestein.

The clinical trial, to be conducted at the Monash Health Translation Precinct, will involve patients with stage four prostate and colorectal cancer, for whom all other forms of treatment have failed.

Dr Arun Azad, co-lead and consultant medical oncologist at Monash Health and Senior Research Fellow at Monash University, said “We need to use these treatment options the smartest way we can and not use the scattergun chemotherapy approach where we give all patients the same treatment. If 20% respond, that’s great”.

“We’re ultimately hoping to increase the range of therapeutic options available to prostate and colorectal cancer patients”, added Dr Azad.

Prof Gail Risbridger and A/Prof Helen Abud from Monash University’s Biomedicine Discovery Institute, and A/Prof Paul McMurrick, colorectal surgeon at Cabrini, are also collaborators on this project.

UNDERSTANDING THE LINK BETWEEN OBESITY, ESTROGENS, INFLAMMATION AND CANCER

Dr Kristy Brown, Head of Hudson Institute’s Metabolism and Cancer Lab, is internationally recognised for her research into why overweight, post-menopausal women are at higher risk of developing breast cancer.

“We have discovered that obesity is associated with an increase in estrogen in the breast as a result of inflammation”, said Dr Brown.

Obesity results in the secretion of inflammatory factors that stimulate the expression of the aromatase enzyme, which converts androgens into estrogens in the adipose tissue. The majority of post-menopausal breast cancers are estrogen receptor positive and estrogens produced in the adipose tissue promote tumour formation.

These findings led Dr Brown to investigate different metabolic pathways as a way to regulate estrogen production.

Her recent research identified the LKB1/AMPK pathway as a negative regulator of aromatase expression in human breast adipose stromal cells.

“Metabolic pathways are important to the link between obesity and breast cancer, and we have learned that we can target these pathways to safely and effectively reduce estrogen production in the breast”, said Dr Brown.

Dr Brown and her team are currently working to detect additional estrogen-regulating pathways so they can identify new therapeutic strategies that may be effective in tumours that are resistant to current treatments. These targets are currently being explored in preclinical and clinical studies.
A study published in *Nature Communications* by Dr. Caroline Le and Dr. Erica Sloan of the Monash Institute of Pharmaceutical Sciences, demonstrated that chronic stress accelerates the spread of the cancer.

“We found that chronic stress signals through the sympathetic nervous system – better known as the ‘fight-or-flight’ response – to profoundly impact lymphatic function and the spread of cancer cells”, said Dr. Le.

The team are now examining whether anti-anxiety medications and therapies could be used to block the spread of cancer cells. The clinical trial is underway with breast cancer patients in Australia to see whether beta-blockers, commonly used to treat hypertension and anxiety, could be used to prevent the spread of cancer.

Researchers hope the trial will lead to new treatment options for recently diagnosed and longer-term sufferers.

**LOW-DOSE TREATMENT STOPS GROWTH OF RARE AGGRESSIVE PAEDIATRIC TUMOURS**

Malignant rhabdoid tumor (MRT) and atypical teratoid rhabdoid tumors are rare aggressive cancers that primarily affect the kidney and central nervous system of young children. These cancers are characterised by the inactivation of the gene, SMARCB1.

Dr. Jason Cain, co-Head of the Developmental and Cancer Biology Lab at Hudson Institute’s Centre for Cancer Research, in collaboration with PhD student Dean Popovski and Deakin University, has been investigating the potential of a novel epigenetic therapy, histone deactylsae inhibitors (HDACi), to treat MRT.

“We knew from previous studies that the SMARCB1 protein has a role in histone acetylation, which provided the rationale for this research”, said Dr. Cain.

Published in the American Association for Cancer Research journal *Clinical Cancer Research* in January 2016, Dr. Cain’s research used human MRT cell lines and xenografted mouse models, and found that low doses of HDACi treatment can stop the growth of MRT cells, reduce their ability to self-renew and drive tumour cell differentiation.

“Other studies have used toxic doses of HDACi, but we tested the drug both in vitro and in vivo, and discovered that low doses are just as effective. It’s early days, but we think this new approach for treating MRT warrants further investigation”, said Dr. Cain.
**THE BEST WEAPON WE HAVE FOR FIGHTING CANCER IS THE IMMUNE SYSTEM ITSELF. IT CAN SENSE THE PRESENCE OF AN INFECTION, BUT ALSO THE EMERGENCE OF A CANCER**.
- Prof Fabienne Mackay

**IMMUNE DISCOVERY PAVES THE WAY FOR NEW TREATMENTS FOR CHRONIC LYMPHATIC LEUKAEMIA**

Prof Fabienne Mackay, and PhD candidate Damien Easton-Sauler at Monash University’s Department of Immunology have pinpointed exactly how chronic lymphocytic leukaemia (CLL) - the most common adult leukaemia in the developed world - confuses the immune system, and have devised a way to stop it.

CLL affects the white blood cells that are responsible for producing antibodies to fight off infections, known as B cells. Current leukaemia treatments involve killing all B cells – both cancerous and healthy – leaving patients even more vulnerable to secondary infections than they were due to the cancer.

Published in Leukemia in January 2016, the team discovered that in CLL patients, cancerous B cells overproduce a protein called interleukin-10 (IL-10), which tricks the immune system into thinking nothing is wrong with the body, allowing the cancer to thrive undetected.

“We found that when the receptor called TACI was blocked, it prevented the secretion of IL-10 without eliminating normal B cells”, said Prof Mackay.

“Without IL-10, the tumour can no longer keep the immune system at bay, which means the patient’s immune system can be 'kick-started' again to fight infections and cancers”.

Prof Mackay said their discovery will enable the development of treatments that allow the body to naturally fight the cancer.

“The best weapon we have for fighting cancer is the immune system itself. It can sense the presence of an infection, but also the emergence of a cancer”.

Prof Mackay and her team believe their findings may be relevant across a number of cancers, potentially revolutionising the way they are treated.

**TARGETING PANCREATIC CANCER THROUGH SIGNALLING**

In a world first, a Monash-led research team has identified three distinct subtypes of pancreatic ductal adenocarcinoma by characterising the chemical signals transmitted inside the cancer cells.

Published in Molecular and Cellular Proteomics, the findings could be used to develop drugs that target each of these subtypes, and to highlight biomarkers that can help identify the best treatment for patients with different forms of the disease.

Pancreatic cancer is difficult to detect early, and to target for treatment. Currently only 5% of people with pancreatic cancer survive longer than five years after their diagnosis. The most common type of pancreatic cancer is pancreatic ductal adenocarcinoma, making up 85% of cases.

Prof Roger Daly, Cancer Program leader at the Monash Biomedicine Discovery Institute and Head of the Department of Biochemistry and Molecular Biology, said “While recent studies indicate that pancreatic cancer can be subclassified based on gene expression, this is the first time subclassification has been achieved using signalling pathways. Our success in this regard is based on exploiting mass spectrometry technology”.

“We’ve identified a way to potentially tailor treatments to each patient diagnosed with pancreatic cancer”, Prof Daly said.
QUALITY OF CARE OUTCOMES FROM THE PROSTATE CANCER REGISTRY

The quality of prostate cancer care is improving according to research from the Prostate Cancer Registry, published in The Medical Journal of Australia.

The five-year collaborative study between Monash University and 33 health institutions across Victoria, captured 75% of men diagnosed with prostate cancer in Victoria, and found that processes of care were markedly improved.

The research found that the number of men with low risk prostate cancer undergoing active treatment has dropped, in line with the Prostate Cancer Research International Active Surveillance (PRIAS) protocol guideline.

The study also found that men diagnosed with high-risk or locally advanced prostate cancer were receiving treatment more quickly across the duration of the study.

The third quality indicator related to the percentage of positive surgical margins (PSM) following radical prostatectomy in men with organ-confined (pT2) disease. A PSM has been associated with an increased likelihood that men will require additional radiotherapy, and the data showed that this practice has also significantly improved.

“It’s terrific to see through quality indicators that the outcomes for men with prostate cancer are good and becoming even better”, said A/Prof Sue Evans, Head of the Clinical Registry Unit at Monash’s School of Public Health and Preventive Medicine.

With support from the Movember Foundation, the registry has now been extended to all Australian jurisdictions and New Zealand. The Prostate Cancer Outcome Registry Australia and New Zealand (PCOR-ANZ) was launched on Friday 17th June 2016.

MONASH RESEARCHERS DISCOVER NEW BREAST CANCER GENE

Dr Lisa Ooms and her colleagues at Monash University’s Department of Biochemistry published the discovery of a new gene that regulates breast cancer metastasis in Cancer Cell in August 2015.

First the team isolated the gene (PIPP), and then determined that when it was removed from mice prone to breast cancer, the tumour itself grew bigger but cancer cells did not spread.

Research leader Prof Christina Mitchell, said “We have very good treatments for the primary tumour, but one of the biggest problems in breast cancer is when it spreads beyond the primary tumour, to other sites outside the breast, which is associated with more limited responses in terms of treatment”.

“If you can inhibit this gene, potentially, you might be able to decrease the spread of the cancers to the bones or the lungs”, Prof Mitchell said.

The PIPP gene discovery has three major implications. It could be used to identify patients at risk of developing secondary cancer, help to determine which subset of breast cancer patients could be treated with therapies that target the gene (PIPP), and develop a potential drug to target the primary cancer and prevent or slow its growth.
INVESTIGATOR-LED CLINICAL TRIAL TAKES MYELOMA RESEARCH AT THE ALFRED FROM BENCH TO BEDSIDE

A promising new therapy for multiple myeloma is available as a Phase II clinical trial, as a result of preclinical research from the Myeloma Research Group (MRG) at Monash University’s Australian Centre for Blood Diseases.

Multiple myeloma is an incurable cancer affecting plasma cells in the bone marrow. Patients experience frequent relapses, and there is an urgent need to find more effective treatments.

MRG’s study, published in the British Journal of Haematology, investigated a myeloma-specific monoclonal antibody called KappaMab. KappaMab is the lead development compound of the Australian-based biotechnology company Haemalogix.

“Our research revealed that KappaMab recognises and binds to kappa myeloma antigen (KMA), which is expressed only on cancerous plasma cells, making them visible to the immune system” said Prof Andrew Spencer, lead researcher and Head of the Malignant Haematology and Stem Cell Transplantation Service at The Alfred Hospital.

“We also demonstrated that lenalidomide, an immune system stimulating drug currently used for myeloma treatment, increases the expression of KMA on cancerous plasma cells, and boosts the anti-myeloma activity of KappaMab”, said Prof Spencer. Prof Spencer and his team at The Alfred administered the first in human single dose of KappaMab. Phase I multi-dose studies followed with very promising results.

Now, with funding provided by the Victorian Cancer Agency and Haemalogix, this treatment regime is a Phase II clinical trial available to Victorian myeloma patients at The Alfred, Monash Health and Peninsula Health, as well as other major Victorian myeloma treatment centres.

CUTTING-EDGE DIAGNOSTIC IMAGING AT MONASH HEALTH BENEFITS PROSTATE CANCER PATIENTS

The accuracy of new imaging techniques using a radiotracer for prostate cancer will enable earlier and more targeted treatments for prostate cancer patients at Monash Health.

Monash Health’s Cancer Centre in East Bentleigh is one of a select few sites offering a cutting-edge Ga68 PSMA (prostate specific membrane antigen) positron emission tomography (PET) scan, the most sensitive and specific test to detect aggressive prostate cancer.

“This emerging imaging technique uses a PSMA inhibitor to target the enzyme on the surface of prostate cancer cells”, said Clinical Head of Nuclear Medicine and PET, Dr Shakher Ramdave.

“These scans are only available in a very limited number of sites in Australia and around the world”, said Dr Ramdave. “We are very excited to be involved in this emerging imaging technique and contributing to the research”. Ga68 PSMA PET scan (left) detects positive small nodes that CT scan (right) does not.

"Our research revealed that KappaMab recognises and binds to kappa myeloma antigen (KMA), which is expressed only on cancerous plasma cells, making them visible to the immune system" said Prof Andrew Spencer, lead researcher and Head of the Malignant Haematology and Stem Cell Transplantation Service at The Alfred Hospital.

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Monash Cancer Centre is one of a select few sites offering the cutting-edge Ga68 PSMA PET scan.

Myeloma Research Group, Australian Centre for Blood Diseases, Monash University.
OPTIMISING TREATMENT FOR METASTATIC MELANOMA

In a new study funded by the Victorian Cancer Agency and the National Health and Medical Research Council, Dr Sashendra Senthi, Radiation Oncologist at Alfred Health Radiation Oncology, and Dr Andrew Haydon, Medical Oncologist at The Alfred, will investigate the interaction between radiotherapy and an immune-activating drug, pembrolizumab, in an attempt to improve the survival of patients with metastatic melanoma.

Based on evidence from preclinical research, this multidisciplinary team’s hypothesis is that combining radiotherapy with immune-activating drugs will have a synergistic effect on the immune system response, and help to optimise treatment for metastatic melanoma.

“Immune-activating drugs represent a significant advance in treatment, with some patients remaining disease-free for more than 10 years. Unfortunately, this sort of response occurs in the minority. The majority of patients are exposed to side effects without benefit and the government incurs significant economic costs”, said Dr Senthi.

“We don’t understand why some patients respond well and others don’t. As part of this project, we will identify genetic and immunologic biomarkers to understand the underlying biological mechanisms at play, and to classify how to optimise this treatment regime”.

“Ultimately, we are aiming to extend the lives of people with metastatic melanoma. We are also hoping some of this research translates into benefits for patients with other cancers that interact with the immune system”, said Dr Senthi.

Australia has the highest incidence of melanoma in the world. Once metastatic, the majority of patients survive for less than 12 months.

INVESTIGATING LOW-DOSE METHADONE AS A TREATMENT FOR CANCER-RELATED COUGH

Dr Michael Franco, Dr Leeroy William and A/Prof Peter Poon from Monash Health’s Supportive and Palliative Care group are leading an award-winning study into the efficacy of low-dose methadone as an antitussive for patients with malignancy.

“Our research investigates the efficacy of methadone for cancer-related cough, which affects 23-37% of all cancer patients and 47-86% of lung malignancies”, said A/Prof Poon.

“Cough is a distressing symptom that impacts significantly upon quality of life. The current mainstay of symptomatic treatment is opioid pharmacotherapy”.

Recent evidence for choice of opioid is limited and is mostly based on studies of the treatment of tuberculosis patients in the 1960s.

“Methadone acts upon the N-methyl-D-aspartate (NMDA) receptor and recent studies have revealed a prominent and unique role this receptor has in cough”, added A/Prof Poon.

Positive outcomes from this research will form the basis of further collaborative and translational research with the Australian Lung Cancer Trials Research Group.
IMPROVING PARTICIPATION IN THE NATIONAL BOWEL CANCER SCREENING PROGRAM

Let’s Beat Bowel Cancer and the Cabrini Monash University Department of Surgery in conjunction with Victorian Department of Health and Human Services have created a GP education series for the National Bowel Cancer Screening Program (NBCSP).

The NBCSP invites Australians aged over 50 to screen for bowel cancer using a free, simple test at home. It aims to reduce deaths from bowel cancer through early detection of the disease.

The role of General Practitioners is central to improving uptake of the NBCSP.

A/Prof Paul McMurrick, Head of the Cabrini Monash University Department of Surgery led the development of the accredited training resource for General Practitioners, designed to boost participation in the NBCSP, from around 36% in Victoria (and lower in other states) to around 80% of the population.

The series of four short audiovisual presentations provides information about the importance of screening and the NBCSP, who should be screened, how to differentiate symptomatic and asymptomatic patients, the process for referral and follow up, and a series of case studies.

The resource can be accessed online at: vimeopro.com/cabrinisurgery/gp-videos

RESEARCH REVEALS FAMILY-FOCUSED THERAPY REDUCES COMPLICATED GRIEF

Facing advanced cancer and bereavement is very stressful for all families, but 20% of families struggle long term with a condition known as prolonged grief disorder (PGD).

Prof David Kissane, Head of Department of Psychiatry at Monash University, has developed and tested a new model of care involving family therapy to reduce the severity of PGD.

Published in the Journal of Clinical Oncology, the randomised controlled trial determined for the first time, that family-focused therapy delivered to high-risk families during palliative care and continued into bereavement reduced the severity of complicated grief and the development of prolonged grief.

“We know that families who communicate poorly, display unbridled conflict or have low levels of involvement with each other, are at risk of developing PGD or depression in bereavement”, said Prof Kissane.

“Rather than clinical services responding to family distress using a crisis model – which commonly happens today – this new model of care provides continuity of care by the psycho-oncologist, a social worker, psychologist or family counsellor, as the cancer is treated”, he added.

“In our study, the rate of PGD at 13 months post death was 15.6% for family members who received standard care. This rate significantly reduced to 3.3% among families who received family-supported care in the form of 10 family therapy sessions”, said Prof Kissane.

“Such evidence allows social workers to confidently initiate family therapy as a helpful intervention to those most at risk of complicated grief”, said Ms Glenda Bawden, Head of Social Work at Monash Health.
**VICTORIAN CANCER AGENCY GRANTS AWARDED 2015**

**TRANSLATIONAL RESEARCH PROJECTS**

**PROJECT: Super-enhancer templated RNAs as predictive biomarkers of BET inhibitor sensitivity in prostate and colorectal cancer**

**Investigators:** Dr Arun Azad (Lead Applicant), A/Prof Dr Ron Firestein, A/Prof Helen Abud, A/Prof Paul McMurrick, Prof Gail Risbridger, Dr Simon Wilkins

**Research organisations:** Monash University, Hudson Institute of Medical Research, Cabrini Health

**Funding:** $2,000,000 over 36 months

**PROJECT: Targeting mutant p53 in oesophageal cancer**

**Investigators:** Prof Wayne Phillips (Lead Applicant), A/Prof Lara Lipton, A/Prof Michael Michael, Dr Jayesh Desai, A/Prof Niall Tebbutt, Dr Nicholas Clemons, Dr Cuong Duong, Dr Ben Markman, Dr Andrew Haydon

**Research organisations:** Peter MacCallum Cancer Centre, University of Melbourne, The Royal Melbourne Hospital, Austin Health, Monash Health, Alfred Health

**Funding:** $1,853,674 over 36 months

**PROJECT: Vaccination against adenoid cystic and colorectal carcinoma using MYB cDNA - VACCUMeD clinical trial - immune modulatory therapy in colorectal and adenoid cystic carcinoma**

**Investigators:** Prof Robert Ramsay (Lead Applicant), Dr Jayesh Desai, A/Prof Benjamin Solomon, A/Prof Michael Michael, A/Prof Phillip Darcy, Mrs June Cory, Dr Jordanne Malaterre, Prof John Zalcberg, Dr Emma Link

**Research organisations:** Peter MacCallum Cancer Centre, The Royal Melbourne Hospital, Monash University

**Funding:** $1,343,655 over 36 months

**PROJECT: Augmented immune targeting of a myeloma-specific tumour antigen**

**Investigators:** A/Prof Jake Shortt (Lead Applicant), Prof Andrew Spencer, A/Prof John Reynolds, Prof Ricky Johnstone, Dr Hang Quach, Dr George Grigoriadis, Dr Anna Kalff, Dr Tiffany Khong, Dr Patricia Walker, A/Prof David Powell

**Research organisations:** Alfred Health, Monash Health, Monash University, Australian Centre for Blood Diseases, Peter MacCallum Cancer Centre, University of Melbourne, St Vincent’s Hospital Melbourne, Peninsula Health

**Funding:** $1,974,342 over 36 months

**PROJECT: Better quality of life for cancer patients through early e-health program**

**Investigators:** Prof Terry Haines (Lead Applicant), Prof Helen Truby, Dr Catherine Huggins, A/Prof Judith Bauer, Ms Mary Anne Silvers, Ms June Savva, A/Prof Helena Frawley, Prof Julie Barnett, Mr Paul Cashin, Mr Liang Low

**Research organisations:** Monash University, Monash Health, Cabrini Health, University of Queensland, University of Bath (UK)

**Funding:** $299,981 over 36 months
MCCC Travel Grants 2015

Dr Mitchell Lawrence
Research Fellow, Movember Young Investigator, Department of Anatomy and Developmental Biology, Monash University
Annual Scientific Meeting of the Endocrine Society of Australia and Society for Reproductive Biology, Adelaide, Australia;
Prostate Cancer Collaborative Research Symposium, Brisbane, Australia

Dr Rae Farnsworth
Research Fellow, Department of Biochemistry and Molecular Biology, Monash University
American Association for Cancer Research Conference on Frontiers in Basic Cancer Research, Philadelphia, USA

Dr Lisa Walter
Post Doc Research Fellow, The Ritchie Centre, Hudson Institute of Medical Research and Department of Paediatrics, Monash University
AnzChog Annual Scientific Meeting, Cairns, Australia

Dr Anette Szczepny
Research Fellow, Centre for Cancer Research, Hudson Institute of Medical Research
2015 World Conference on Lung Cancer, Denver, Colorado, USA

Dr Sewa Rijal
Research Officer, Australian Centre for Blood Diseases, Monash University and Department of Clinical Haematology, The Alfred
6th International Conference on Clinical Markers and Biomedical Research, Toronto, Canada

Mr Jesse Balic
PhD Student, Centre of Innate Immunity and Infectious Diseases, Hudson Institute of Medical Research
Cytokine JAK-STAT Signalling in Immunity and Disease, Colorado, USA

Dr Rasa Rusckaitė
Research Fellow, Clinical Registry Unit, Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University
Annual Conference for International Society for Quality of Life Research, Vancouver, Canada
Cheryl-Ann Hawkins

Cheryl-Ann Hawkins is the Operations Manager of the early-phase drug trials for Oncology Research at Monash Health Translation Precinct’s (MHTP’s) newly opened Translational Research Facility.

Cheryl-Ann works with a team of dedicated medical staff, research nurses and study co-ordinators to ensure optimal patient care for the patients who enter Phase I drug trials at MHTP. Many of these trials involve therapies that are being tried for the first time in humans.

“Early-phase trials are a crucial method for trialling new cancer therapies and more and more frequently Monash Health is the site where a new potential anti-cancer therapy is being tried for the first time in the world”, said Ms Hawkins.

“Novel anti-cancer therapies have exploded in the last few years with targeted agents and more recently immunotherapy and whilst multiple treatment options may be available to most patients, they will usually work for a while and eventually resistance to treatment will set in”, she said.

“They are sometimes some unwelcome and unexpected side effects that can provide challenges for medical staff and patients. There are also some unexpected successes that do go on to have an impact for a certain tumour group around the world”, said Ms Hawkins.

Prof Wendy Brown

Upper GI and General Surgeon Prof Wendy Brown became the first woman to hold the position of Chair of the Monash University Department of Surgery at The Alfred Hospital in October 2015.

With sub-specialist interests in oesophago-gastric cancer, gastro-oesophageal reflux disease and bariatric surgery, Prof Brown is the Director of the Monash University Centre for Obesity Research and Education (CORE) and Clinical Lead of the National Bariatric Surgical Registry.

“I’m delighted to have the opportunity to lead a dynamic group of surgeons at Monash University and The Alfred Hospital and to promote and develop surgical research and surgical education”, she said.

“I plan to work with my surgical colleagues at both Monash University and the Alfred Hospital to establish broad collaborative projects that call on the skills of scientists and engineers and other institutions to advance both surgery and patient care.

“I am also working on ways that we can provide exciting research opportunities for younger surgical trainees so that research becomes something they want to do rather than a mandated requirement of their training”, said Prof Brown.
CANCER SERVICES IN SOUTHERN MELBOURNE

80% of newly diagnosed cancer patients have their treatment plan discussed at a multidisciplinary meeting

56% of newly diagnosed cancer patients are screened for their supportive care needs

69% of cancer patients treated in the SMICS region survive for 5 years

89% of cancer patients have documented evidence of their initial treatment plan communicated to their GP

2013 cancer patients treated in the SMICS region prefer to speak Greek at home

6139 patients’ treatment plans supported by MDT Meeting Management System
SMICS services south east Melbourne, the fastest growing population area in Victoria. The annual incidence for new cancer diagnoses in our region currently exceeds 7,728, with more than 3,390 persons dying from cancer each year.

It is predicted that the annual incidence of new cancers in Victoria will exceed 41,000 per annum by 2028.

Our health services deliver over 54,236 episodes of acute cancer care per annum, including medical, surgical, radiation oncology, day chemotherapy, imaging, pathology, palliative care, psycho-oncology, supportive care and allied health services.

These services will grow in the coming years with the expansion of Casey Hospital and the growth in cancer service provision within the private sector.

SMICS and our member health services, along with the Monash Comprehensive Cancer Consortium are recognised as the Cancer and Blood Diseases Theme of the Monash Partners Academic Health Science Centre (MPAHSC). These affiliated organisations form Monash Partners Comprehensive Cancer Consortium, which is one of the largest comprehensive cancer service networks in Australia.
SMICS VISION, MISSION, PRINCIPLES, STRATEGIC GOALS

**PRINCIPLES**

The network for cancer care is integrated and offers individuals a seamless experience.

The network includes organisations whose funding comes from all sectors and is sensitive to those differences but works to create common ground.

The system is responsive, innovative and adaptable as new knowledge and technologies become available.

The system is sustainable with policy, protocols and processes reinforcing the network of care.

The network is built on best evidence for service capability offering individuals the best clinical outcome possible.

Equity of access and cultural sensitivity is inherent in all we do.

Consumer knowledge and involvement in care is optimised to facilitate an ideal experience of care.

**VISION**

To facilitate a network of cancer services in southern Melbourne which offers exceptional care, an ideal experience and optimal clinical outcomes to people affected by cancer.

**MISSION**

Through collaboration with partner organisations, facilitate the creation of a cancer care system in southern Melbourne which is integrated, leads best practice, improves clinical outcomes and is person centred.

**STRATEGIC GOALS**

Implementation of a consumer engagement framework which facilitates partnership with patients and carers at all levels of SMICS strategy, program of work and health care delivery.

Collaborative creation of a cancer care network which is flexible, sustainable, affordable and truly person centred.

Innovative utilisation of evidence and creation of new evidence to facilitate design of systems, processes, pathways and models for cancer care.

Utilisation of technology to support the cancer care system and to understand the outcomes.

To facilitate a collaborative regional environment which transcends services, systems and sectors to foster communication which improves the integration of the southern Melbourne cancer care system.

Enhanced partnerships with cancer researchers and academic organisations to support collaboration, promote multidisciplinary research and facilitate translation of new discoveries into clinical practice and measure outcomes.
Where cancer patients were treated 2009-2015

New cancer incidence by tumour stream for residents of the SMICS region 2008-2014

Cancer survival in Victoria – five year survival for Victorians diagnosed with cancer 2009-2013 by residential ICS region

Culturally and linguistically diverse population - top six languages (other than English) spoken at home – percentage of each health services’ patients, 2014/15 financial year
The Integrated Cancer Services’ clinical networks continue to integrate their activities to develop state-wide programs.

The example of the Tumour Summit meetings demonstrates the capacity of clinicians to engage collaboratively to identify and tackle variations or gaps in care. The most recent summit meeting focused on gastro-oesophageal cancer and was the largest of the five held to date.

Over 80 multidisciplinary clinicians from around the state, including strong representation from MPCCC sites met to address mutual areas of concern. A strong theme to emerge was the need for robust clinical outcome data.

Another project gaining momentum is the Victorian Cancer Performance Metrics Framework. The project team has developed a process of identifying and prioritising potential performance indicators. Specifications for a suite of indicators have been written and tested.

The current phase of the project includes the development of reporting lines and governance arrangements in addition to further development of a pipeline of indicators reflecting both process and clinical outcomes.

MPCCC affiliated clinicians working with the SMICS team are working on several innovations in clinical management including survivorship, development of shared care arrangements and a novel approach to geriatric oncology.
CONSUMER PARTICIPATION

A small consumer advisory group has been working throughout 2015-2016 to develop SMICS’ 2016-2020 Consumer Participation Plan. Subsequent work is being carried out to:

- consider and update all consumer recruitment methods, information and documentation
- identify the educational needs of health care professionals working with consumers and those of consumer advocates
- review existing training opportunities for health professionals and consumer advocates
- identify areas in the SMICS program of work where consumer engagement is desirable but omitted

This initiative has culminated in the appointment of a consumer to the MPCCC Governance Committee as of July 2016.

In addition, consumers have been involved in various SMICS activities including:

- tumour group membership
- committee and steering group membership
- development and review of patient information
- delivery of education to healthcare professionals
- review of the Optimal Care Pathways
- planning of a secondary breast cancer conference
- research grant review panel membership
- attendance at various conferences and education events.

SMICS CONSUMER PARTICIPATION PLAN 2016-2020

VISION
To achieve exceptional care, improved quality of life and outstanding outcomes for people affected by cancer in the southern Melbourne region.

MISSION / PURPOSE
To partner with consumers at all levels of SMICS strategy, programs of work and healthcare delivery to ensure a cancer care system in southern Melbourne which is integrated, leads best practice, improves clinical outcomes and is person centred.

GOALS

1. Consumer participation in the SMICS program of work is expanded through appointment of consumers to tumour groups, project, advisory and research committees.

2. Consumers and healthcare professionals involved in SMICS work are suitably skilled and educated.

3. Consumers from diverse communities and populations are represented in all facets of SMICS’ work.

OUTPUTS
We know we have achieved our goals when:

1. Consumers are represented on all SMICS tumour groups, boards, advisory and project committees.

2. Expand the SMICS education and skill development program for both consumers and the workforce:
   a. Education sessions about engaging with consumers are developed and delivered three times a year for the workforce.
   b. Formal advocacy training is promoted and available for interested consumers in the southern Melbourne region.

3. A plan is developed to ensure that the specific issues for cancer patients and their families from diverse backgrounds are considered in the SMICS program of work.
MULTIDISCIPLINARY CARE

The Multidisciplinary Team Meeting Management System (MDT MMS) is being used by teams across SMICS public member health services (Alfred Health, Monash Health and Peninsula Health) to gather and document information prior to patient presentation at an MDT meeting, for real-time documentation during MDT meetings, and to coordinate and disseminate post-meeting communication.

Health services are working with Smart Health Solutions (the system vendor) to build interfaces which will allow information flow between information technology applications.

Smart Health has convened a region-wide user group in which representatives from health services, and across disciplines come together to share ideas about future system enhancements.

SMICS engaged external consultants to guide the MDT MMS project team in completing an evaluation of the MDT MMS project.

The evaluation objectives were to capture data from a range of sources to inform:

- the extent to which the business objectives of the project have been achieved as intended
- a demonstration of ways in which the system is being used and identify critical enablers and barriers to successful implementation
- potential further refinements to the system to address issues identified or to extend functionality in a cost effective way that will grow acceptance amongst the SMICS clinical community
- further work to implement the system in usual practice and to extend its use to MDTs across the SMICS catchment.

A range of methods were adopted in the evaluation capturing evidence from a range of data sources and perspectives:

- review of project documentation
- analysis of routine data
- pre and post system implementation audit
- survey
- stakeholder interviews
- GP feedback interviews.

An executive summary of the MDT MMS evaluation is available via the SMICS website.

Figure 1: Number of patients presented at MDT meetings, using the MDT Meeting Management Software, across the SMICS region

<table>
<thead>
<tr>
<th>Condition</th>
<th>Patients Discussed</th>
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<tr>
<td>Colorectal</td>
<td>1190</td>
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<tr>
<td>Lung</td>
<td>996</td>
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<tr>
<td>Gynaecological</td>
<td>915</td>
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<tr>
<td>Upper Gastrointestinal</td>
<td>824</td>
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<tr>
<td>Breast</td>
<td>757</td>
</tr>
<tr>
<td>Head and neck</td>
<td>672</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>612</td>
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<tr>
<td>Skin</td>
<td>173</td>
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</tbody>
</table>

* Gynaecological includes Ballarat, Box Hill, Traralgon, La Trobe, Frankston

Source: MDT MMS 01/07/2015 - 30/06/2016 - discussed “yes” patients
Of the 11 tumour types audited, seven are meeting or exceeding the target, whilst four are screening below 50% of their patients. Factors likely to affect the tumour streams under target may be due to the small sample sizes or that these diagnoses are often treated with surgery alone. There are opportunities for SMICS to focus further improvement work in the areas not reaching target over the coming 12 months to ensure all patients have the same opportunities to have their supportive care needs met, irrespective of their tumour type and treatment.
Twice a year, SMICS audits its public member health services against a set of performance indicators determined by the Department of Health and Human Services (DHHS).

The 2015 indicators included documented evidence in the medical record of:

- a multidisciplinary team discussion (target - 80%)
- cancer staging recorded in the multidisciplinary recommendation (target - 100%)
- communication of the initial treatment plan to the patient’s GP (target - 100%)
- supportive care screening (target - 50%).

SMICS member health service performance against targets for the period 2008-15 can be seen below.

**Figure 4: Integrated Cancer Services audit results**

**Rectal Cancer Audit**

An additional indicator for the first half of 2015 was the number of all newly diagnosed rectal cancer patients with documented evidence of an MDT recommendation including a diagnosis with clinic-pathological staging. Over 90 percent of patients treated at SMICS member health services were presented at a multidisciplinary team meeting, with the majority of discussions taking place after the commencement of treatment.

**Figure 5: Percentage of rectal cancer cases with documented multidisciplinary recommendations and stage n=44**

SMICS continues to work with tumour streams to strengthen audit results and reach DHHS targets.
### SURVIVORSHIP – PATHWAYS TO WELLNESS: COLORECTAL CANCER SHARED CARE PROJECT

New holistic and sustainable models of follow-up are required for increasing numbers of Victorians who survive bowel cancer. SMICS and NEMICS commenced a three year project to implement colorectal cancer shared care follow-up in June 2016. Funded by the Victorian Department of Health and Human Services (Victorian Cancer Survivorship Program), the project will pilot shared care between Monash Health and Eastern Health Colorectal Services and general practices.

Primary care, consumers and acute cancer services will partner to design a model of care to provide patients with:

- risk stratified, coordinated, shared care follow-up, integrated with GP chronic disease management frameworks
- holistic, interdisciplinary needs assessment, self-management support, triage and referral
- targeted referral to diet, exercise, smoking cessation and health coaching interventions for risk-assessed patients to optimise health and assist in reducing risk of cancer recurrence
- carer support.

Cross-sector collaboration and education will support development of a model with potential wider application across the Eastern and wider Primary Health Network regions.

<table>
<thead>
<tr>
<th>PROJECT PARTNERS</th>
<th>PROJECT LEADS</th>
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<tbody>
<tr>
<td>Colorectal Surgery Service Monash Health</td>
<td>Mr Brian Hodgkins</td>
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<tr>
<td>South Eastern Health Providers Association (SEHPA)</td>
<td>Mary Matthews</td>
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<tr>
<td>Colorectal Surgery Service Eastern Health</td>
<td>Mr James Keck</td>
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<tr>
<td>Eastern Melbourne Primary Health Network (PHN)</td>
<td>Narelle Quinn</td>
</tr>
<tr>
<td>Southern Melbourne Integrated Cancer Service</td>
<td>Heather Davis</td>
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<td>North Eastern Melbourne Integrated Cancer Service</td>
<td>Katherine Simons</td>
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### VICTORIAN LUNG CANCER SERVICE REDESIGN PROJECT

The Victorian Lung Cancer Service Redesign (VLCSR) Project commenced on 18 July 2016, at Alfred Health, Bendigo Health, Eastern Health and Goulburn Valley Health / Albury Wodonga Health. Each project is being co-funded by the Department of Health and Human Services and their respective Victorian Integrated Cancer Service / health service.

Additionally, Austin Health, Barwon Health, Ballarat Health and Monash Health have received funding from the Department of Health and Human Services (DHHS) to support participation in the VLCSR Project baseline and final data collection activities and from their local Integrated Cancer Services to carry out service redesign activities.

The Victorian Lung Cancer Registry is supporting the collation of data and the evaluation of the VLCSR project.

### OBJECTIVES

- to decrease delays from receipt of referral to first lung cancer specialist appointment
- to decrease time from first specialist appointment to first staging test
- to decrease time from receipt of referral to a diagnosis of lung cancer
- to ensure all patients with a new diagnosis of lung cancer are discussed at a multi-disciplinary team (MDT) meeting
- to ensure sustainability of the redesigned services post project by building multidisciplinary lung team capacity to continue to monitor and improve performance
- to increase the capability of Victorian lung cancer teams to employ redesign methodology to support locally led service improvement and application of best practice principles.

### EXPECTED OUTCOMES MEASURES

Outcomes will depend on the specific gaps / variations identified by health services across the lung project setting. Projects will deliver outcomes consistent with the five best practice principles of lung cancer care.

- **Principle 1:** patient-centred care
- **Principle 2:** timely access to evidence-based pathways of care
- **Principle 3:** multidisciplinary care
- **Principle 4:** coordination, communication and continuity of care
- **Principle 5:** data-driven improvements in lung cancer care.
**OPTIMAL CARE PATHWAYS PROJECT**

The National Optimal Care Pathways (OCPs) have been developed to assist in the coordination of better service delivery and inform key service improvement activities, particularly those that reduce unwarranted variation in patient treatment and care. They describe the optimal cancer care for specific tumour types and identify steps, or critical points along the whole pathway and the recommended care and treatment at each point.

The purpose of the OCPs is to improve patient outcomes by facilitating consistent cancer care based on a standardised pathway of care both within the public, private and primary care setting.

The principles and the expected standards of good cancer care are not expected to differ, even though treatment regimens may vary from patient to patient for a whole variety of reasons.

The Integrated Cancer Services are mandated to implement relevant parts of the pathway. Southern Melbourne Integrated Cancer Service (SMICS) member health services, Monash Health, Peninsula Health and Alfred Health have endorsed the implementation of the OCP project.

The OCP project consists of six clearly defined stages, as illustrated below. Work on the preparatory and assessment stages of the OCP project has been completed.

The overall aim of the OCP project is to align the care of all cancer patients across the SMICS region with the relevant optimal care pathway by bringing managers, clinicians, and staff together to review quantitative and qualitative data to identify problems, prioritise them and implement sustainable improvement activities to resolve issues in the current state.

SMICS will work collaboratively with multidisciplinary clinicians to map the current patient flow and pattern of care by validating analysis of administrative data sets and by undertaking clinical auditing.

Decisions about the priorities for system and service improvement will then be sought using an expert working group model. It is anticipated that involving clinical champions will aid in improving awareness and engagement in the cancer pathway by all clinicians.

Key objectives of the OCP project include:

- identifying gaps in current services to inform quality improvement initiatives across all aspects of the cancer care pathway
- promotion of discussion and collaboration between health professionals and people affected by cancer
- improvement of patient outcomes by facilitating consistent cancer care on a standardised pathway of care.

The first phase of the implementation of the 15 OCPs commenced in March 2016 with the lung and colorectal tumour streams in the first instance. Implementation of the Ovarian OCP will be developed as a separate project. The OCP implementation project is a rolling program of work with 2-3 OCPs prioritised each year over a period of 5 years. The first phase of implementation will be completed by 30 June 2017.
WORKFORCE

CANCER NURSING WORKFORCE

The Cancer Nurse Workforce development project has progressed in 2016 with the introduction of the Antineoplastic Drug Administration Course (ADAC) across all SMICS’ member health services.

A key objective of the Cancer Nurse Workforce Governance Committee was to create a minimum standard of cancer nurse training across the southern Melbourne region. Previously, training was health service specific and reliant on external training providers which was difficult to coordinate and costly for health services.

ADAC is an initiative of the eviQ Cancer Treatments Online program developed by the Cancer Institute of NSW. This training program provides evidence based, peer reviewed, best practice cancer treatment protocols and information.

The course is designed to establish a minimum standard of chemotherapy training by providing advanced knowledge and clinical skills in the area of Antineoplastic Drug Administration. This will ensure clinical staff provide safe, effective and consistent cancer care.

The adoption of the ADAC program allows all member health services to provide their nurses working within oncology the opportunity for training, which will provide them with an overall competency in cancer care. In addition, it ensures a consistent level of practice is provided to patients across the region as often patients transition between services depending on where they are in their cancer journey.

The ADAC course will allow all nursing staff to engage in eight online training modules and face to face competency assessments and training to further consolidate their knowledge.

From here we hope to further provide specialist training in cancer care with an aim to increase the number of specialist cancer nurses within the region.

The next phase of the ADAC program will involve the continued implementation of the ADAC course and ADAC Assessor Training Workshops across all member health services. Preliminary evaluation of the ADAC course will identify opportunity for improvement of the course. Evaluation will also assess staff satisfaction, knowledge and expectations.

A key step in the program has been the uploading of the ADAC program on the Learning Management System of the member health services. Scoping of Transition to Speciality Practice for Cancer Nurses to provide a specialty course for cancer nurses across the region will be a step towards formalised post-graduate education in oncology nursing.

Figure 6: Timeline of eviQ ADAC program

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<td>All four health services signed onto ADAC program and support provided to Alfred and Peninsula Health</td>
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<td>Peninsula Health began pilot of first round of ADAC program</td>
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<td>14 Cancer Nurses completed ADAC program</td>
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<td>SMICS delivers Train the Trainer and Facilitator Training to Clinical Nurse Assessors</td>
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<td>Ongoing commitment and leadership from Monash Health management</td>
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<td>All member health services have uploaded the ADAC program onto their LMS system</td>
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<td>Formation of Clinical Nurse Educator Networking group across health services</td>
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<td>Development and implementation of ADAC evaluation survey</td>
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<td>Scoping of Transition to Specialty Practice for Cancer Nurses course across the region</td>
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PENINSULA HEALTH CANCER WORKFORCE DEVELOPMENT

In 2014-2015, SMICS coordinated and facilitated workforce planning and development to prepare Peninsula Health with an up to date and evidence-based cancer education program. The goals were to enable staff to develop skills in the delivery of optimal care to people with cancer and their carers and to address the future challenges of providing a skilled, flexible and innovative cancer workforce.

There were a total of ten evening cancer education modules that were delivered in flexible modes by experienced facilitators. The Peter MacCallum, EdCAN and eviQ programs were utilised when developing these education modules to ensure they aligned with best practice.

The module facilitators were comprised primarily of Peninsula Health clinicians. However, clinicians from SMICS member health services also presented components of the modules as needed.

The attendance for each of the sessions varied, ranging from 23-65 people. The sessions were mostly attended by nurses (71.9%) along with smaller numbers of medical staff (3.6%), allied health professionals (14.4%) with the other (9.9%) consisting of pharmacy and other disciplines.

Overall, the evaluation by attendees was very positive and showed a significant interest in the modules. Utilising a self-assessment tool, the attendees acknowledged a clear improvement in their oncology knowledge.

For all education modules 99 per cent of attendees stated their objectives were met (n= 252) and 100 per cent of attendees stated they would recommend the education modules to other health professionals (n=371).

The ten cancer education modules delivered during 2014-2015 were found to be exceptionally well utilised and valuable for a variety of staff at Peninsula Health. This has proven to be of huge value and well aligned with current workforce development programs across the SMICS services.

The modules are now available on-line via the SMICS website at www.smics.org.au
SOCIAL WORKERS REVIEW PROGRAM

In 2015 SMICS staff worked alongside social workers from Alfred, Peninsula and Monash Health to facilitate a redesigning care program, utilising the principals of lean methodology, to examine and improve processes and create improvements in cancer patient care.

Social workers play an integral role in a cancer patient’s journey from diagnosis all the way throughout treatment and into survivorship.

The social workers utilised lean tools to eliminate non-value added work (process waste), effectively manage resources and create lean flow.

The participants mapped, reviewed and analysed the steps that occur from a specific request for a social work service to the delivery of that service.

The mapping visually demonstrated the complexity of systems as they existed and facilitated the discovery of options to simplify the system.

PROJECTS AND OUTCOMES

ALFRED HEALTH
HEAD AND NECK MULTIDISCIPLINARY TEAM (MDT)

The project undertaken reviewed the pathway of a Head and Neck inpatient referral to social work and the social work psychosocial involvement in the inpatient Head and Neck MDT.

The positive outcomes of the project included:

- earlier identification and improved cancer patient access to social work
- clear communication pathways between social work and Head and Neck team
- structured process for social work input into multidisciplinary meeting treatment plan
- development of an education program regarding the psychosocial issues specific to ENT cancer patients including disease trajectory/psychosocial impacts
- time reduction in complex discharge planning.

PENINSULA HEALTH
PATIENTS WITH COMPLEX NEEDS

The transfer of patients with complex function and cognitive care needs from the acute to sub-acute sites and establishment of future care recommendations. The project reviewed pathways and identified delays in discharge planning.

The positive outcomes of the project included:

- creation of a structured process for social workers to communicate their assessment information and practices to neuropsychology pre referral
- significant reduction in process waste
- development of a guideline for subacute social work practice when Neuropsychology is likely to be indicated
- education program relating to requirements for neuropsychology decision making assessments.

MONASH HEALTH
PSYCHOSOCIAL ASSESSMENTS

The varying timeframes and methods used to gather the information required to commence an initial psychosocial assessment and the impact this had on timely assessment, patient experience and length of stay.

The positive outcomes of the project included:

- development of psychosocial assessment procedure/guideline
- more efficient use of Social Work resources
- development of education module focusing on assessment guideline and procedures for current staff and inclusion in orientation program
- increase in timely assessment impacting positively on patient length of stay
- consistent approach to assessments.

The service redesign training program will be delivered again with an emphasis on multidisciplinary team participation from SMICS member health services.
## PROFESSIONAL DEVELOPMENT

### PROFESSIONAL DEVELOPMENT GRANTS

In order for health workers to provide quality care and meet cancer patients changing health care needs, they must become lifelong learners dedicated to updating their professional knowledge, skills, values, and practice. Continuing professional development encompasses all of the activities that health workers undertake both formal and informal to maintain, update, develop, and enhance their professional skills, knowledge, and attitudes.

The SMICS professional development funding aims to enhance the professional growth of the cancer workforce and to equip staff with the skills set to meet the challenges involved in delivering optimal care. This funding aligns with the SMICS’ strategic goals and all health professionals from the member health services are eligible to apply throughout the year.

### 2015-2016 FUNDED PROFESSIONAL DEVELOPMENT

<table>
<thead>
<tr>
<th>APPLICANTS</th>
<th>HEALTH SERVICE</th>
<th>FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Cancer Nurse Coordinators (CNC)</td>
<td>Monash Health</td>
<td>Delivering Innovative Cancer Survivorship Care workshop</td>
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<tr>
<td>2 Breast Care Nurses</td>
<td></td>
<td>Australian Cancer Survivorship Centre</td>
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<tr>
<td>2 CDU Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 CNC</td>
<td>Alfred Health</td>
<td>Delivering Innovative Cancer Survivorship Care workshop</td>
</tr>
<tr>
<td>1 Nurse Practitioner</td>
<td>Peninsula Health</td>
<td>Delivering Innovative Cancer Survivorship Care workshop</td>
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<td>1 Lymphoedema Practitioner</td>
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<td>The VCCC Survivorship Conference:</td>
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<tr>
<td>1 Speech Pathologist</td>
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<td>• Improving Outcomes for Cancer Survivors</td>
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<tr>
<td>2 CDU Nurses</td>
<td></td>
<td>• The Fourth Psycho-Oncology Research Conference: Living with and Beyond Cancer</td>
</tr>
<tr>
<td>1 Social Worker</td>
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<td></td>
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<tr>
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<tr>
<td>1 Clinical Psychologist</td>
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<tr>
<td>1 CNC</td>
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<td>• Improving Outcomes for Cancer Survivors</td>
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<tr>
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<tr>
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<td>2 Outpatient Nurses</td>
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<tr>
<td>3 Cancer Ward Nurses</td>
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<td>• The Fourth Psycho-Oncology Research Conference: Living with and Beyond Cancer</td>
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<td>1 Dietitian</td>
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<td>1 Exercise Physiologist</td>
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<td>1 CNC</td>
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<tr>
<td>1 CNC</td>
<td>Alfred Health</td>
<td>Clinical Oncology Society of Australia Conference</td>
</tr>
</tbody>
</table>
SMICS TEAM
PROFESSIONAL ACTIVITIES

PUBLICATIONS - JOURNAL
Geraldine Largey, Eli Ristevski, Helen Chambers, Heather Davis and Peter Briggs.
Lung cancer interval times from point of referral to the acute health sector to the start of first treatment
Australian Health Review (online), 25 February 2016

PUBLICATIONS – POSTER/ORAL
A. Caruso
To utilise a change management process to the implementation of the Antineoplastic Drug Administration Course (ADAC) into four health services within the southern Melbourne region
Poster presentation COSA, Hobart, Nov 2015

P. Balchin
Peninsula Health Workforce Development
Poster presentation COSA, Hobart, Nov 2015

G. Kruss, H. Davis, S. Sherwell
Metastatic breast care nurse role
Oral presentation Inaugural Inter ICS Consumer Forum, Melbourne, April 2016

S. Sherwell, H. Davis
Working towards genuine codesign
Oral Presentation health Issues Centre: Our fabulous Failures Consumer Forum, Melbourne, May 2016

CONFERENCES
A. Eddy, C. Jasinha
Health Informatics Society of Australia: Big Data 2015, Sydney, Australia, October 2015

S. Sherwell, A. Caruso, P. Balchin
Clinical Oncology Society of Australia (COSA), Hobart, Nov 2015

S. Sherwell, L. Brady, P. Balchin, H. Davis, C. Berryman, A. Caruso
The Third Victorian Psycho-Oncology Research Conference, Melbourne, October 2015

S. Sherwell, P. Walker, H. Davis
Secondary Breast Cancer - Enhancing Multidisciplinary Care Conference, Melbourne, March 2016

SECONDARY BREAST CANCER — ENHANCING MULTIDISCIPLINARY CARE CONFERENCE

Recent improvements in the treatment of secondary breast cancer have resulted in improved quality of life and increased survival rates for patients. At the same time, the complex and unique supportive care needs of this cohort have been identified both nationally and globally and the need to educate and upskill healthcare professionals to help support their patients and address some of these needs has become apparent.

SMICS worked with member health services to convene a two day conference on 18 and 19 March 2016 at The Novotel Glen Waverley. Entitled Secondary Breast Cancer — Enhancing Multidisciplinary Care, the conference aimed to:

- increase knowledge of care and treatment of secondary breast cancer patients
- develop the skillset to manage the complex needs of secondary breast cancer patients
- streamline the co-ordinated care of secondary breast cancer patients across healthcare settings
- provide individualised care of the secondary breast cancer patient.

Delegates enjoyed hearing from a diverse group of speakers including, a secondary breast cancer nurse practitioner candidate, oncologists, surgeons, radiologists, allied health and palliative care professionals and consumers.

Our keynote speaker Professor Kerryn Phelps AM provided insight into the involvement of GP’s in a secondary breast cancer patient’s treating team.

A range of small workshops provided attendees the opportunity to develop skills such as communicating bad news, advance care planning, mindfulness, self-care, discussing sexuality and identification and management of lymphoedema.
LEAD PROJECT

SMICS is participating in a multisite, mixed-methods, observational cohort study to measure, compare, and contrast the time intervals to diagnosis and first definitive treatment for CALD and Anglo-Australian lung cancer patients and to identify patient, health care provider, and health system factors that influence the pathways to diagnosis and first definitive treatment in these patient groups.

Participants will be recruited from cancer services in Victoria, New South Wales and Queensland.

DESIGN INCLUSIONS

- prospective recruitment of patients diagnosed with lung cancer
- completion of a case-note analysis of the hospital records of all patients newly diagnosed with lung cancer to describe the pathway from date of referral from general practice to the hospital to the diagnosis and commencement of first treatment
- distribution of 362 questionnaires to newly diagnosed CALD patients and 362 to newly diagnosed Anglo-Australian patients (a total of 724 questionnaires)
- invitation to newly diagnosed lung cancer patients to complete the Cancer Symptom Interval Measure (C-SIM) to measure the interval between appraisal and help-seeking and to give consent for our research team to contact their GP to request information in their medical records
- qualitative interviews with patients, GPs and specialists to understand patient and health system factors that influence help-seeking, diagnostic and pre-treatment intervals.

SIGNIFICANCE

This study will be the first to examine the underlying factors that influence the pathways to presentation, diagnosis, and treatment of lung cancer in CALD patients. No studies have been conducted that have specifically measured the time intervals between diagnosis and first definitive treatment in CALD patients.

2.5 years.

AMDAT LUNG, AN IDEAL LUNG CANCER MDT DATASET

SMICS is continuing to work collaboratively with clinicians and researchers from other states including Sydney Catalyst Translational Cancer Research at Sydney University to develop an ideal lung cancer dataset for routine collection at MDT meetings. This project is being led by Dr Emily Stone from New South Wales.

BACKGROUND

The role of multidisciplinary teams (MDTs) is becoming central to lung cancer care in Australia with support at policy level and with the development of a nation-wide lung cancer MDT directory from the Australian Lung Foundation. In parallel, the importance of accessible, clinically relevant information from routine data collection in lung cancer (as well as other tumour streams) is receiving increased recognition.

MDT meetings increasingly act as central hubs for the co-ordination of lung cancer care and therefore have the opportunity to focus on quality assurance as well as analyses of patterns of care and identification and targeting of evidence-practice gaps. MDT meetings can act as central sources of data collection and analysis and as such a standardised approach to lung cancer MDT data collection in Australia is warranted.

AIMS

To present the results of a modified Delphi study, surveying Australian lung cancer clinicians, aiming to finalise an ideal clinical dataset for collection through lung cancer multidisciplinary meetings.

METHODS

A previously presented 16-item survey has been circulated to a broad, representative sample of lung cancer clinicians, medical and allied health professionals, in Australia. Clinicians were identified and contacted either (1) as part of a purposive sample or (2) through MDT lead clinicians identified through convenience or through the Australian Lung Foundation Lung Cancer MDT registry.

Results of an initial survey will be analyzed and a second-round survey will be circulated to an expert panel drawn from the first-round participants prior to finalisation of the dataset.

Results: Relevant lung cancer clinicians have been identified and the survey has been circulated with initial analysis underway.

CONCLUSIONS

The findings of the study will support the development of a standard dataset for collection at lung cancer MDT meetings. This dataset will be utilised in future planned studies across multiple sites for targeted data intervention and feedback strategies and analysis of effect on lung cancer outcomes. Abstract accepted for oral presentation Australian Lung Cancer Conference in August 2016.
## OPERATING COST CENTRE

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<td><strong>GRAND TOTAL</strong></td>
<td>9,898</td>
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MPCCC THANK YOU

The MPCCC appreciates the willing contribution of all health professionals, researchers, consumers and members of the governance groups during 2015-16 as we seek to improve outcomes for cancer patients across southern Melbourne.
### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AHSC</td>
<td>Academic Health Science Centre</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CLL</td>
<td>Chronic lymphocytic leukemia</td>
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<tr>
<td>CCV</td>
<td>Cancer Council Victoria</td>
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<tr>
<td>CDU</td>
<td>Chemotherapy Day Unit</td>
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<td>COSA</td>
<td>Clinical Oncology Society of Australia</td>
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<td>CSIC</td>
<td>Cancer Service Improvement Coordinator</td>
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<td>C-SIM</td>
<td>Cancer Symptom Interval Measure</td>
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<td>Department of Health and Human Services</td>
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<td>EdCAN</td>
<td>National Cancer Nursing Education Project</td>
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<td>eviQ ADAC</td>
<td>Cancer Institute of New South Wales – eviQ Cancer Treatments Online; Antineoplastic Drug Administration Course</td>
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<td>Ear, Nose and Throat</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>GRICS</td>
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<td>Multidisciplinary Team Meeting</td>
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<td>Multidisciplinary Team Meeting Management System</td>
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<td>Monash Health Translation Precinct</td>
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<td>Monash Partners Comprehensive Cancer Consortium</td>
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<td>MRG</td>
<td>Myeloma Research Group</td>
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<td>MRT</td>
<td>Malignant rhabdoid tumor</td>
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<td>OCP</td>
<td>Optimal Care Pathways</td>
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<td>Prostate Cancer Outcome Registry Australia and New Zealand</td>
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<td>Prolonged grief disorder</td>
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<td>Primary Health Network</td>
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<td>PSM</td>
<td>Positive surgical margins</td>
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<td>PSMA</td>
<td>Prostate specific membrane antigen</td>
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<td>PRIAS</td>
<td>Prostate Cancer Research International Active Surveillance</td>
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<td>RNA</td>
<td>Ribonucleic Acid</td>
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<td>SD</td>
<td>Standard Deviation</td>
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<td>Southern Melbourne Integrated Cancer Service</td>
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<td>VAED</td>
<td>Victorian Admitted Episode Dataset</td>
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<td>Victorian Cancer Performance Monitoring Framework</td>
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<td>VLCSR</td>
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Monash Partners Comprehensive Cancer Consortium acknowledges the support of the Victorian Government.