

Lung Cancer Summit Recommendations

The lung cancer summit, held on 14th November 2014 in Melbourne was a gathering of [60 multidisciplinary clinicians](#) providing care to lung cancer patients across Victoria. The [lung summit summary report](#) documents presentations and outcomes of the day. The participants identified over 20 opportunities for improvement. Following further consultations with stakeholders the lung summit working party chaired by Professor David Ball finalised the recommendations outlined below.

Optimising lung cancer care and outcomes (highest priority to address)

1. That funding be allocated for state-wide projects to evaluate and optimise the timeliness of lung cancer care from referral to diagnosis to treatment.
2. That the VICS further investigate possible reasons for an observed variation between ICS' in the rates of tissue diagnosis for lung cancers and adjuvant chemotherapy in NSCLC.
3. That features of an exemplar lung MDM be agreed and implemented in all Victorian lung MDMs.
4. That an advisory group of lung clinical champions be formed to support the state-wide implementation of the optimising care and outcomes recommendations.

Integration of lung cancer care

5. That all lung MDMs routinely communicate MDM recommendations to GPs in a timely manner
6. That the Cancer Council Victoria – Clinical Networks (CCV-CN) lead the development of a reportable indicator for access to palliative care for lung cancer patients.
7. That all health services with limited access to tests and expertise for prompt diagnostic work up of lung cancer cases formalise their links with their closest tertiary lung health service.
8. That VICS consider scoping the reported problem of access to allied health for lung cancer patients and recommend appropriate state-wide or local action.

Addressing system issues

9. That clinical organisations such as COSA, CCV, MOGA consider a concerted campaign advocating for the re-interpretation of “10min” rule for MBS billing of MDM cases.
10. That a communication about EGFR testing be included in the official newsletter of the Royal College of Pathologists of Australasia.
11. That the purpose of the existing Cancer MDM Directory be reviewed to inform its future use.
12. That VICS pursue a common state-wide MDM software solution for implementation at all Victorian cancer MDMs
13. That the CCV-CN consider evaluating the efficacy and marketing of the Clinical Trials Link.

Communication

14. That updates on current state-wide projects relevant to lung cancer care be communicated to the broader Victorian lung MDM membership.
15. That specific strategies be implemented to facilitate sharing of information and ideas between Victorian lung MDMs.