

Unwarranted variations in Victorian endometrial cancer care

– a comparative analysis between 2013–2017 and 2018–2022

FRANCES GRAHAM¹, SIMON HYDE², ROSIE MCBAIN³, TOMMY HON TING WONG⁴, LINDA NOLTE^{1,5}, HELENA RODI¹

¹VICS OPTIMAL CARE SUMMITS, AUSTIN HEALTH, MELBOURNE, VICTORIA, AUSTRALIA. ²MERCY HOSPITAL FOR WOMEN, MELBOURNE, AUSTRALIA. ³ROYAL WOMEN'S HOSPITAL, MELBOURNE, AUSTRALIA. ⁴DEPARTMENT OF HEALTH, VICTORIA; VICTORIAN CANCER REGISTRY, CANCER COUNCIL VICTORIA, VICTORIA, AUSTRALIA. ⁵NORTH EASTERN MELBOURNE INTEGRATED CANCER SERVICE, MELBOURNE, VICTORIA, AUSTRALIA.

Background

Both the Australian Cancer Plan and Victorian Cancer Plan 2024–2028 highlight the importance of reducing variation in cancer care, experience and outcomes. An unwarranted variation is defined as a difference not explained by differences in illness or preferences – that is, a chance to improve the quality and equity of care. [1]

In Australia, the cancer Optimal Care Pathways (OCPs) are nationally recognised frameworks for the delivery of consistent, safe, high-quality, and evidence-based care for people with cancer. OCPs aim to improve patient outcomes through promoting quality cancer care and ensuring that all people diagnosed with cancer receive the best care, irrespective of where they live or receive cancer treatment. The Victorian Integrated Cancer Services Optimal Care Summits (VICS OCS) program engages clinicians and consumers in identifying unwarranted variations in cancer care and outcomes against OCPs. In 2024, the VICS OCS program began a strategic consultation for endometrial cancer (EC) which included a summit event. The consultation and event brought together key stakeholders in EC from across the state including, Victorian Integrated Cancer Service (VICS) members from each area and cancer services partners.

EC is the most common gynaecological cancer diagnosed in Australian women [2]. Although most patients with EC are diagnosed with early-stage disease and have good outcomes, the prognosis is not uniformly favourable due to variation in cancer care provision.

Aim

This study aimed to determine Victorian unwarranted variations in EC care compared to the OCP, across two time periods, 2013–2017 and 2018–2022.

Methods

During 2024, a mixed methods strategic consultation approach with Victorian EC multidisciplinary stakeholders was applied. It included:

- establishment of an expert advisory and stakeholder groups
- rapid literature review and environmental scan
- barriers, enablers and preferences survey of multidisciplinary clinicians and key stakeholders
- consumer engagement and experience reporting
- analysis of 2013–2022 linked administrative cancer datasets
- analysis of general practice cancer dataset
- a three-step Delphi process to prioritise unwarranted variations
- summit event to explore causes and improvement priorities.

Qualitative data was subject to thematic analysis and quantitative data was subject to descriptive statistical analysis. Both were then synthesised.

Unwarranted variations were determined from the data and a Delphi process used to prioritise unwarranted variations for discussion at the summit event. We present an extract of variations that were presented at the summit. A summary report of all the data presented at the summit including unwarranted variations will be available on the VICS website (www.vics.org.au) soon.

Results

A total of 3,215 patients diagnosed in 2013–2017 and 3,660 patients diagnosed in 2018–2022 with EC were identified from the linked dataset. We identified 23 unwarranted variations in Victorian EC care and outcomes and prioritised three for discussion at the summit event:

Figure 1: Low rates of supportive care screening completed and documented for EC patients across the state
Note: HRICS and GRICS excluded – Fewer than 5 patients audited at the health service where they received their first treatment
Source: Cancer Services Performance Indicator audits, 2020–2022.

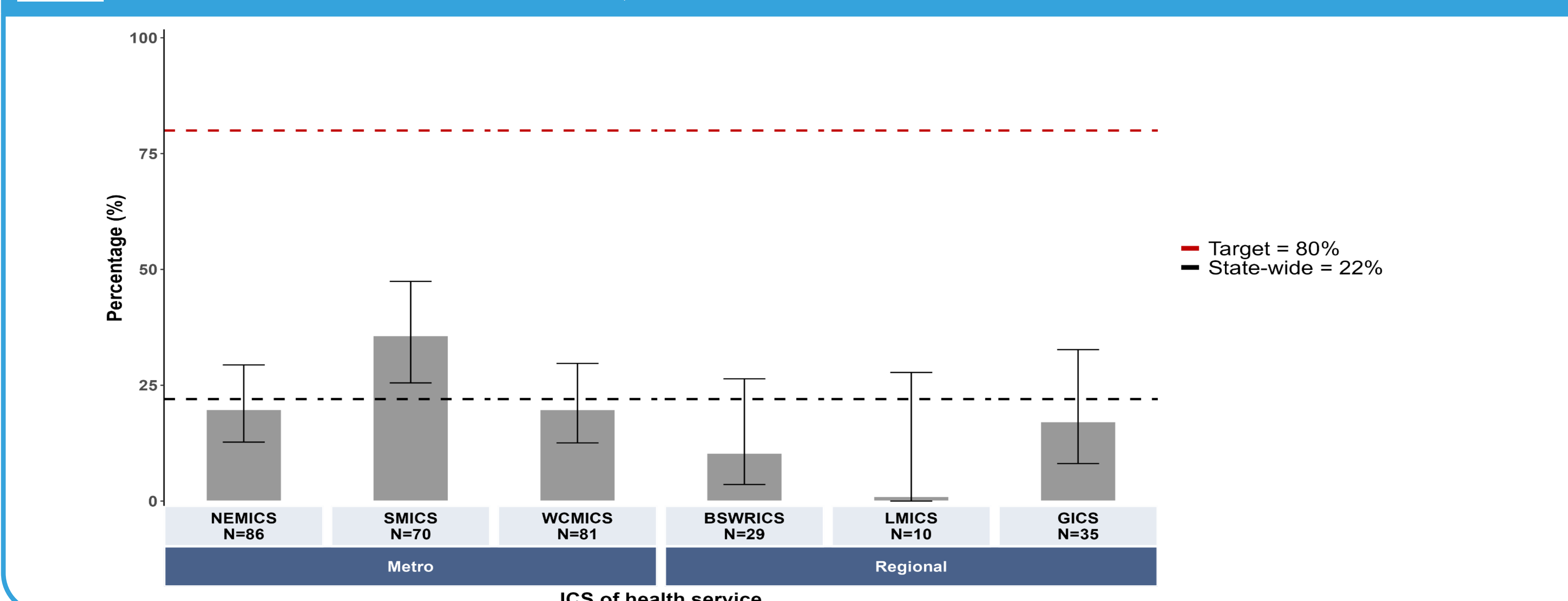


Figure 2: Variation by region in median number of days from diagnosis to any treatment for high-grade tumors
Source: VCR (2012–2021), VAED, VRMDS (2012–2022)

*HRICS data limitation – Missing data from Albury Wodonga Health – Albury campus

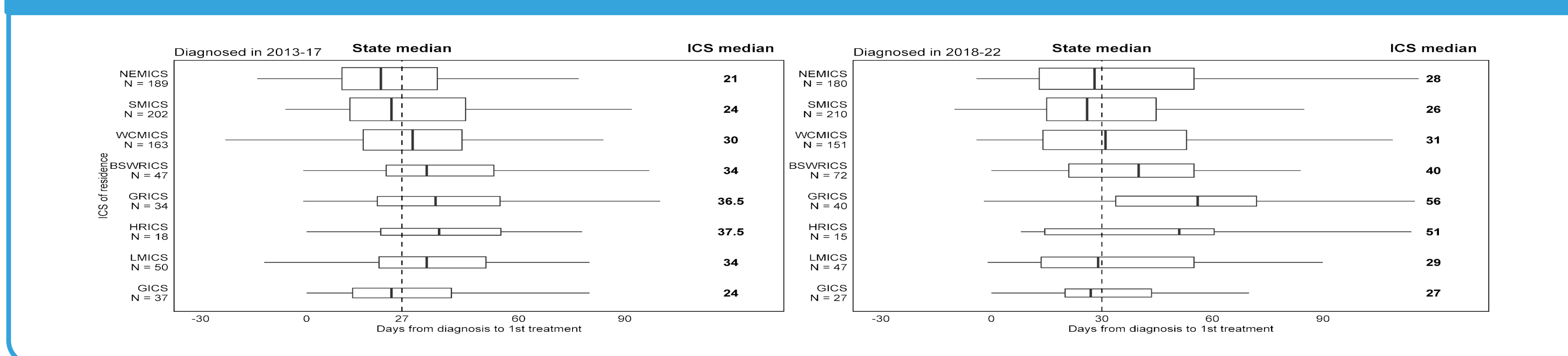
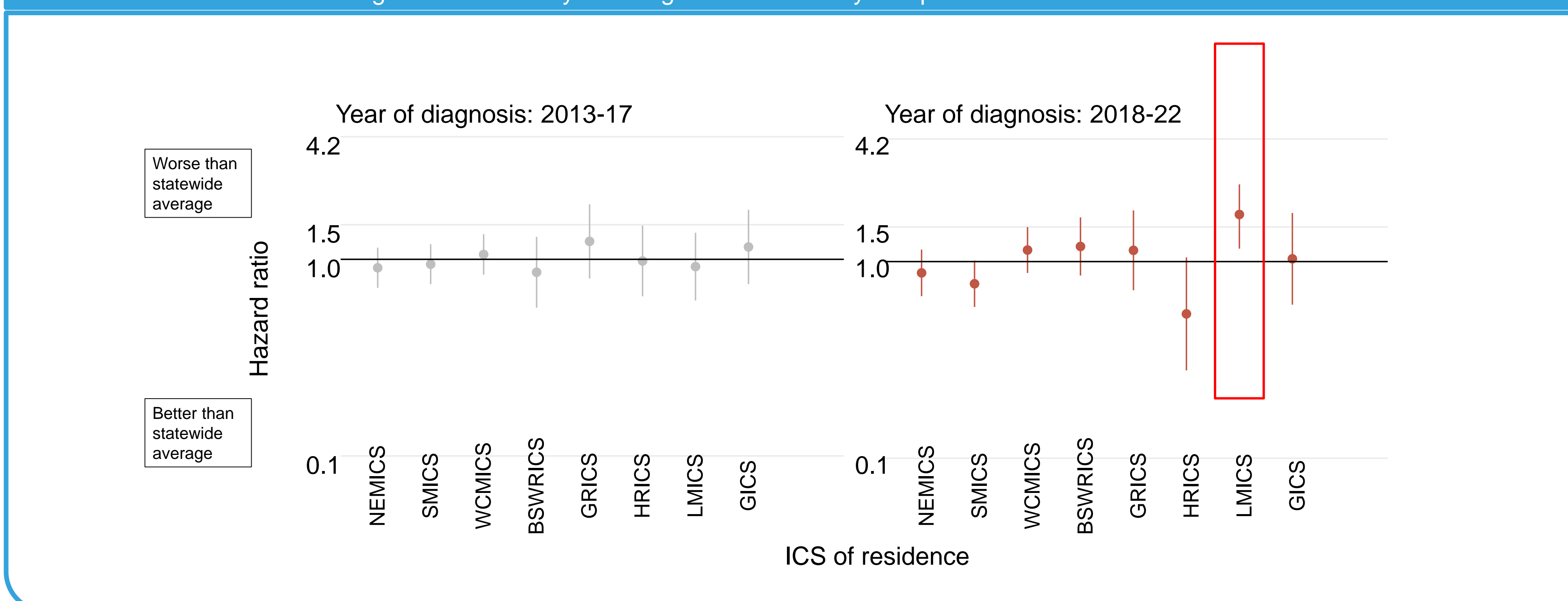


Figure 3: Cancer-specific mortality among EC patients with high-grade tumors in the LMICS region was significantly worse than the statewide average in 2018–2022
Source: VCR (2013–2022), VAED (2013–2022)

*HRICS data limitation – Missing data from Albury Wodonga Health – Albury campus



Abbreviations

BSWRICS	Barwon South Western Regional Integrated Cancer Service
GICS	Grampians Integrated Cancer Service
GRICS	Gippsland Regional Integrated Cancer Service
HRICS	Hume Regional Integrated Cancer Service
LMICS	Loddon Mallee Integrated Cancer Service
NEMICS	North Eastern Melbourne Integrated Cancer Service
SMICS	Southern Melbourne Integrated Cancer Service
WCMICS	Western and Central Melbourne Integrated Cancer Service

Conclusions

There are unwarranted variations for EC care and outcomes across Victoria. Despite some improvements across the two periods, particularly related to treatment, targeted action is required to both understand and improve causes for variations across the OCP. The VICS' novel mixed methods approach demonstrates an effective strategy for identification of unwarranted variations, potential causes with a view to the generation of improvement priorities to promote alignment with tumour specific OCPs and improve quality of care provided to people with EC and their families

References

1. Sutherland, K., & Levesque, J. F. (2020). Unwarranted clinical variation in health care: definitions and proposal of an analytic framework. *Journal of Evaluation in Clinical Practice*, 26(3), 687–696.
2. Cancer Australia. *Endometrial cancer*. [cited 5 February 2025]; Available from www.cancer.gov.au/cancer-types/endometrial-cancer/overview.

Correspondence

Dr. Frances Graham, Project Manager VICS Optimal Care Summits Program, Austin Health, Melbourne
Email: frances.graham@austin.org.au

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