



How optimal is adolescent and young adult cancer care?

An audit across an integrated cancer service network

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The Victorian Integrated Cancer Services
are supported by the Victorian Government

www.vics.org.au

Acknowledgements

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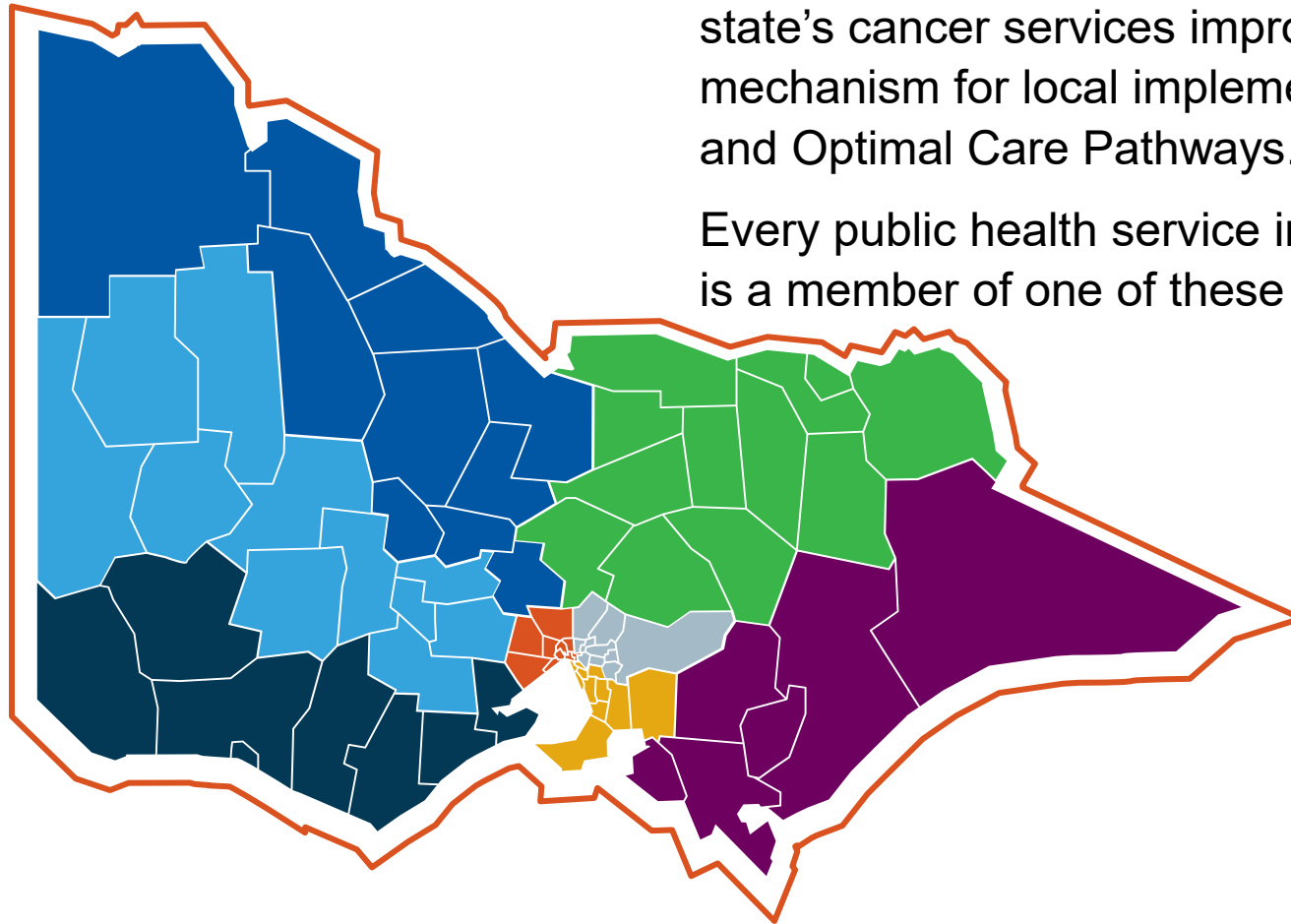
Special thanks to **A/Prof Kate Thompson**, Program Director Child Safe Clinical Lead at PeterMac, and the **Victorian Adolescent and Young Adult Cancer Service** for their contributions to the project.



About the VICs

The nine Victorian Integrated Cancer Services (VICs) form the state's cancer services improvement network. They are a core mechanism for local implementation of the Victorian Cancer Plan and Optimal Care Pathways.

Every public health service in Victoria that treats cancer patients is a member of one of these ICS.



- BSWRICS
- GICS
- GRICS
- HRICS
- LMICS
- NEMICS
- PICS (statewide)
- SMICS
- WCMICS



Background

- The Optimal Care Pathway (OCP) for adolescent and young adults (AYA) with cancer describes the standard of care that should be available to all AYA cancer patients.
- A key recommendation includes considering referral to a cancer centre with expertise in managing AYA cancers.

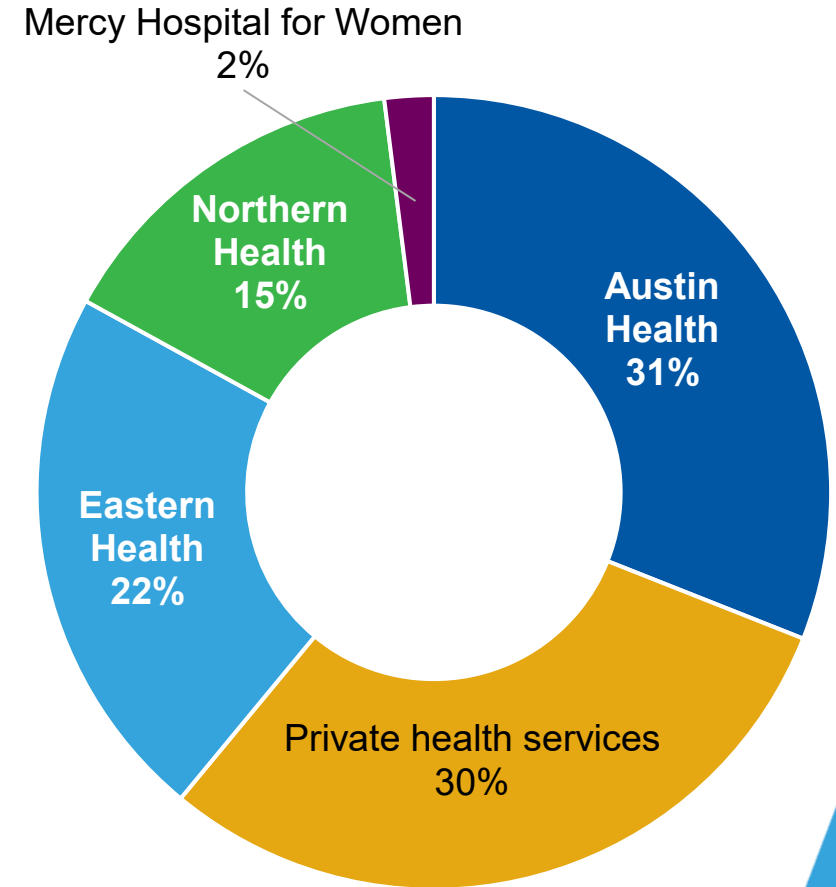
Optimal care pathway for adolescents
and young adults with cancer

FIRST EDITION

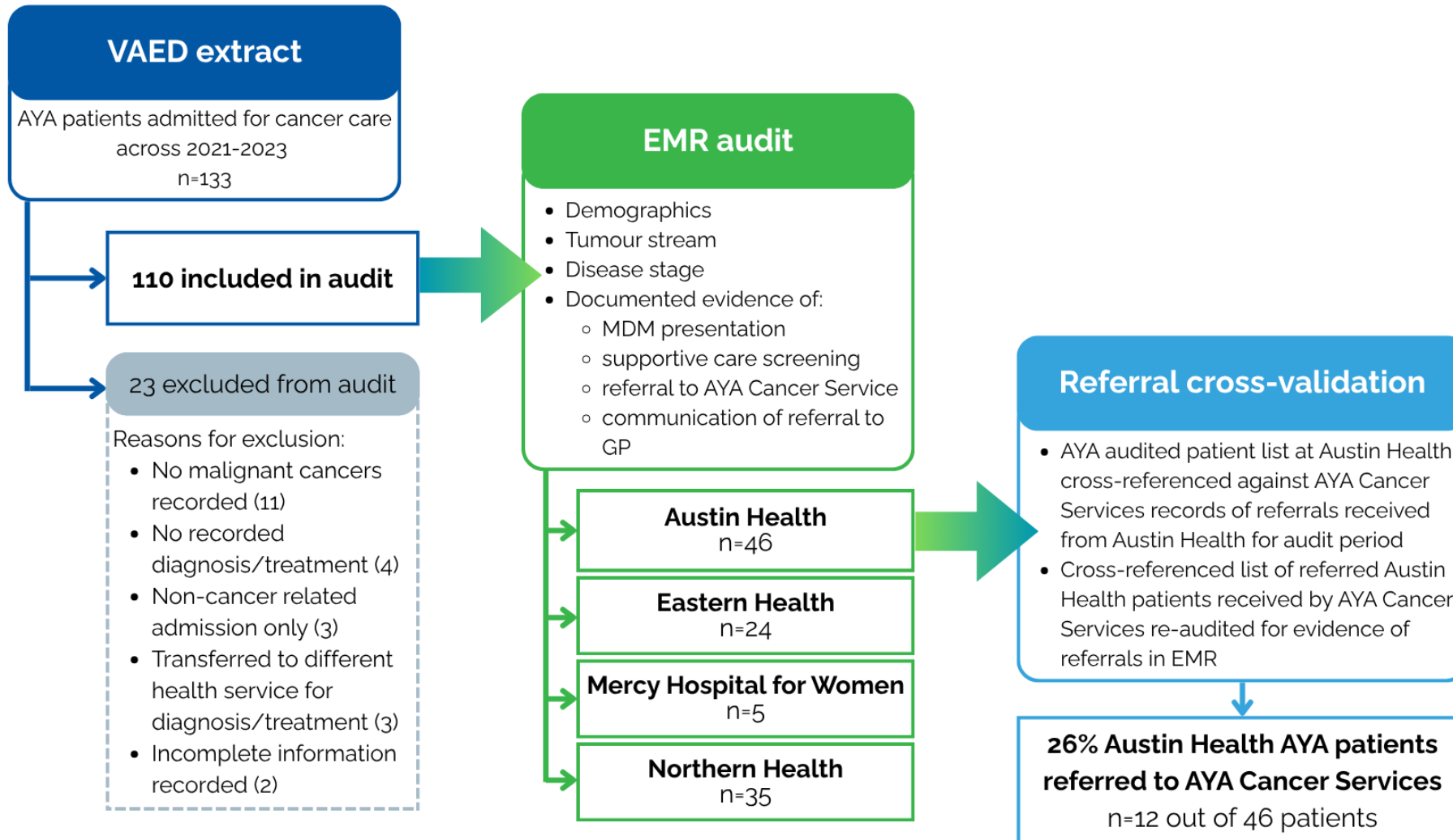


Impetus and objectives

- Approximately 50 new AYA cancer diagnoses occurred within the NEMICS region **each year** across the 2017-2021 period.
- So how well does AYA cancer care in the NEMICS region align with the AYA OCP and Victorian Cancer Services Performance Indicator (CSPI) targets set by the Victorian Department of Health?



Methods



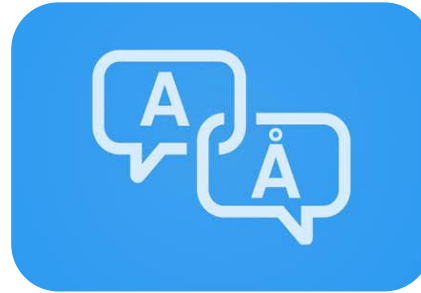
Demographic profile of audit sample



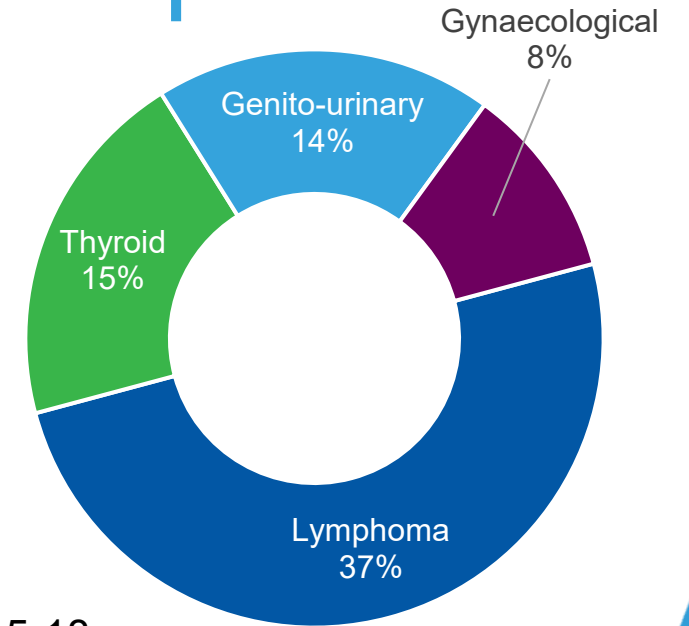
1% Aboriginal,
2% not stated



78% born in
Australia



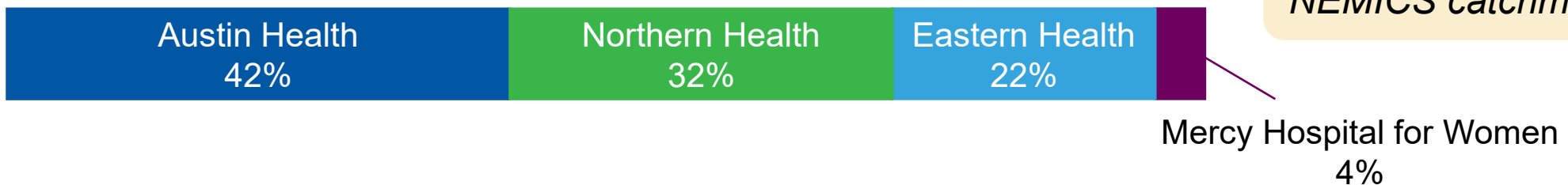
96% primarily
speak English



Age at first cancer admission



Site of first cancer admission

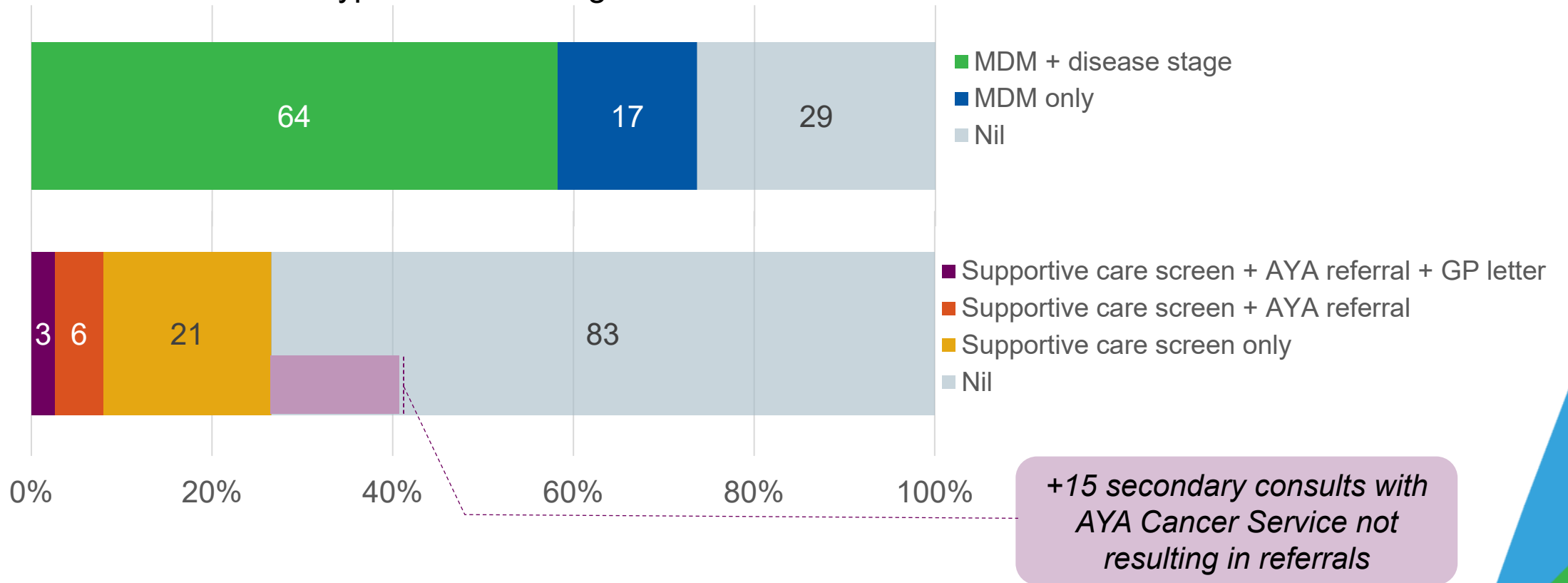


78% live in
NEMICS catchment



Key findings

Most referrals were for lymphoma diagnoses and were predominantly from Austin Health, in line with cancer tumour type and admitting health service distributions.



Limitations

- Cross-validation increased Austin Health's referral rate from 11% to 26%, suggesting correspondence/referral to and/or from the AYA Cancer Service is an unreliable proxy measure for identifying referrals in patient records.
- Only referrals to the Victorian AYA Cancer Service investigated to calculate age-appropriate referral rates.
- Supportive care screening rates assessed, but not the tool used, or the problems identified.
- Audit did not explore whether referrals to age-appropriate services were offered but declined by the patient.



Recommendations

- Improve referral pathways, GP communications, and evidence of referral in medical records
- Improve supportive care policy, practices, education and access to relevant services, including implementing an evidence-based, age-appropriate AYA supportive care screening tool.
- Develop and implement an AYA supportive care guideline that includes the use of AYA screening tools, referrals to AYA services and signposting to relevant supportive care services including Canteen, and
- Consider opportunities to develop AYA specific CNC positions at local health services to support care closer to home.



Conclusions and call to action

- Clear opportunities to improve alignment with AYA OCP in terms of supportive care screening and referrals to age-appropriate cancer services.
- Notable gaps in AYA cancer care MDM documentation compared to Victorian targets.
- Documentation of referrals to age-appropriate services should be routinely recorded in patient medical records.
- Improvement initiatives should be co-designed with consumers, clinicians and services to achieve optimal care.





Thank you!

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