

ENHANCING CAPTURE OF CANCER STAGE AT DIAGNOSIS: A MIXED METHODS APPROACH AND COLLABORATION TO IDENTIFYING AND ADDRESSING BARRIERS.

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Background.

Victoria's Cancer Plan recognises data as key to optimal cancer care. The Victorian Integrated Cancer Services (VICS) Optimal Care Summit program uses linked datasets to assess cancer care, experience, and outcomes against the Optimal Care Pathways. Staging data helps evaluate screening effectiveness, access to diagnostics and treatment, geographical disparities, optimal treatment, and service planning. Despite being legally mandated, cancer stage reporting to the Victorian Cancer Registry (VCR) is inadequate. Our collaboration aimed to identify barriers to registering cancer stage by Health Information Managers (HIMs)/Clinical Coders (CCs) and to assess stage discussion and capture in multidisciplinary team meetings (MDMs), to inform quality improvement.

Methodology.

The study in Victoria, Australia, comprised four components:

- 1. Survey** - of HIMs/CCs across all hospitals, and MDM key personnel in major public hospitals, to understand barriers to capturing cancer stage.
- 2. HIM data audit** - An ongoing 6-monthly audit of mandated stage completeness data registered by hospitals to VCR for five cancers.
- 3. MDM data analysis** - for five tumour groups to assess cancer stage documentation in the MDM software.
- 4. Breast tumour MDM audit** - to understand factors associated with discussion and subsequent documentation of stage in MDM software.

Results.

- 1. Survey** - HIMs/CCs cited data unavailability, fear of inaccuracies and lack of confidence (86%, 45% and 42% agree respectively) and MDM personnel cited time constraints and data unavailability (50% agree) as major barriers to capturing cancer stage.
- 2. HIM data audit** - Baseline mean compliance in registering stage by hospitals varied from 3.2% (prostate cancer) to 10.6% (lung cancer). Reports issued for two consecutive time periods (Q4-Q1 2024, Q2- Q3, 2024) showed improving compliance overall across tumour sites and hospitals, although this varied considerably across tumour stream and between hospitals.
- 3. MDM data analysis** - Of 40,646 presentations, stage was complete for 26%, incomplete for 15%, and missing for 60% of cases; and ranged from 5% (prostate cancer) to 42% (lung cancer).
- 4. Breast tumour MDM audit (n=167 in 19 MDMs)** - factors influencing stage reporting included MDM composition, tests/procedures presented, and organisational management.

Discussion/conclusion.

Ensuring cancer stage reporting to the VCR requires addressing knowledge gaps, time constraints and the absence of structured MDM documentation. Collaborative efforts with HIMs/CCs, MDM participants, and the VICS are actively improving the capture and reporting of this critical cancer indicator.

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