

Minutes

Radiation Oncology Working Group (ROWG)

Date: Tuesday 3rd August 2022

Time: 9:30am to 3:30pm

Location: Rydges Wellington Airport, 28 Stewart Duff Drive, Rongotai, Wellington

Chair: Claire Hardie, Radiation Oncologist, MidCentral

Attendees: Aaron Phillips, Radiation Therapist, MidCentral
Aimee Bourke, General Manager, Auckland Radiation Oncology
Andrew Cousins, Radiation Oncology Medical Physicist, Canterbury
Cristian Hartoceanu, Radiation Oncologist, Waikato
Darien Montgomerie, Site Manager, Bowen ICON Cancer Centre
India Mikaere-Girvin, Māori member
Jo Stafford, Consumer member
Judy Moselen, Nurse Specialist, Auckland
Koki Mugabe, Radiation Oncology Medical Physicist, Waikato
Lisa Te Paiho, Māori member (nominated substitute for Jamaine)
Louise Simonsen, Service Clinical Director, Auckland
Lesley Long, Cancer Service Manager, Christchurch
Megan Purves, New Zealand Branch Manager, Royal Australian, and New Zealand College of Radiologists (RANZCR)
Michael Taylor, Radiation Therapist, Waikato
Natasha Chisholm, Nurse Specialist, Canterbury
Scott Babington, Radiation Oncologist, Canterbury
Shaun Costello, Radiation Oncologist, Southern
Viv Ali, Practice Manager, St Georges Cancer Care Centre

Te Aho o Te Kahu - Cancer Control Agency -
Rose Simpson, Principal Clinical Advisor
Cushla Lucas, Manager Central Hub
Gabrielle Nicholson, Manager Quality Improvement Team

Apologies: Rix du Plessis, Radiation Oncologist, MidCentral
Brian Sheppard, Consumer member
John Childs, Radiation Oncologist, Auckland
Leanne Tyrrie, Radiation Oncologist, Kathleen Kilgour Centre
Jamaine Fraser, Māori member
Nichola Naidoo, Radiation Oncologist, Capital, Coast and Hutt
Benji Benjamin, Auckland Radiation Oncology

Guests: Judith Clarke & Jeremy Millar (PCOR-NZ), Rebekah Sizer

Te Aho o Te Kahu guests: John Manderson, Senior project manager
Alex Dunn, Senior project manager
Tess Luff, Public Health Physician
Kirsty Malcolm, Project manager
Yuki Fujita, Information analyst

Item
<p>Minutes, actions, and review of the conflicts of interest register</p> <ul style="list-style-type: none">• The meeting opened with Te Aho o Te Kahu Karakia.• The group introduced themselves, and the chair gave special welcome to new members, Jo, Aaron, India, Lesley, Jamaine, Brian, and Cushla.• The minutes of the meeting held on 15 March 2022 were accepted as a true and correct record.• The action register was reviewed. All actions were complete/progressing.• The decision register was received and noted with no changes.• The conflicts register was received and noted with no changes.• The COVID-19 decision register was received and noted with no changes.• The MOWG minutes from 6th April 2022 were received and noted for information.
<p>COVID-19 update</p> <p>Te Aho o Te Kahu provided overview of current work and new information regarding COVID-19 and cancer.</p> <ul style="list-style-type: none">- From the perspective of the COVID-19 monitoring reports, we have seen a relatively small impact on cancer service delivery based on COVID-19 illnesses. However this does not negate the pressure the system is under, in particular workforce pressures, staff burnout and concerning capacity limitations. Disruption may be more prominent in future reports (2-month delay with data reporting).- COVID-19 Medications update- AstraZeneca vaccine is being phased out from September 2022.- Free masks available at testing centres.- Updated return to work guidance for health workers. <p>ROWG Feedback:</p> <p>Testing in centres prior to treatment and outpatient appointments. There is no national guidance and after discussing with a number of key people in the Ministry of Health, NZ Microbiology Network and Infectious Diseases, the mandate sits with individual districts.</p> <ul style="list-style-type: none">- Only testing into emergency departments is currently recorded as national guidance, all other testing is based on local guidelines.- This could potentially be a very large piece of work that requires ongoing iteration, at the first instance may require literature review and scoping of international practice.- Departments need reassurance that what they are doing is reasonable.- Discussion whether routine surveillance testing changes the patient outcome <p>Action: Chair to work with Te Aho o Te Kahu to develop an approach to this concern</p>
<p>Te Aho o Te Kahu update</p> <p>Diana Sarfati has been appointed as acting Director General of Health and Chief Executive of the Ministry of Health, which has resulted in changes within the Te Aho o Te Kahu – Nicola Hill is currently acting Chief Executive and Nicholas Glubb is acting General Manager.</p> <p><u>Cancer Service Planning Work:</u></p> <p>Phase 1 recommendations – whole system changes to system leadership, distribution of care, workforce and coordination and care services.</p> <p>Phase 2 design – implementation of recommendations made in phase 1. A more cohesive operational model.</p> <p>Three work streams:</p> <ol style="list-style-type: none">1. Radiation Oncology (RO) operational model – a national model of care, national 10-year linear accelerator (LINAC) commissioning plan, national workforce model (includes retention strategies), national outcomes monitoring.2. National approach to LINAC procurement and associated buildings – centrally managed programme for LINAC procurement and associated buildings.3. National clinical leadership model

Seeking ROWG input. Will hold an adhoc online workshop later in the year to gain feedback.

ROWG Feedback:

Not enough training sites/positions for staff across the disciplines and still need to rely on international recruits for a period.

National standardization, but regionalised delivery to meet local needs – changes include types of treatments and treatment sites. Accessibility is also a priority.

Concern about a 10-year plan – most cancer centres in NZ could fall over within those 10 years, need to break down into commissioning years.

Stem cell workshop: Recovery work and sustainable service design. Brought Haematologists together for the first time in two years. Operational model will be ready by October 2022.

Quality performance indicator (QPI) programme:

An update on the QPI programme, recent QPI work, including efforts to improve the data that can be used to calculate QPIs and to improve the way that the data is analysed. Also, an update regarding work that will shortly be made public, including the work to develop potential breast cancer QPIs, which will be consulted on in August and September 2022 (separate paper provided regarding this project); and the work to calculate the pancreatic cancer QPIs, a draft of which should be ready to share with providers for review late this calendar year. Other forecast work includes a move to calculating universal QPIs, which will still be reported by cancer type and by provider, and projects to recalculate the lung and prostate cancer QPIs, which were first calculated and reported on in 2021.

Lisa Te Paiho joined the meeting

Prostate Cancer Outcomes Registry (PCOR-ANZ) update

Judith Clarke and Jeremy Millar presented on behalf of Prostate Cancer Outcome Registry PCOR-ANZ.

- Improving quality of life for men living with prostate cancer.
- Approximately 13,000 NZ men in the registry, and about 9000 of them have complete data collection.
- Compared to other jurisdiction, about 70% coverage across NZ, 75-80% of all cases that have been diagnosed.
- Linked to ROC data set to make comparisons, 4 items including fractions, dose, and the start/stop dates of the radiation treatments. 90-95% of data was identical.
- 20-25% of all prostate cancer patients had radiation. Quality indicators for radiation therapy AU/NZ, identified 144 recommendations from guidelines globally, total of 30 recommended quality indicators. Narrowed down to 17 Quality indicators that covered processes and outcomes. 7 quality indicators that can now be reported on.
- Reports have been distributed to clinical leads around AU/NZ - 14 clinicians and 16 clinical leads in NZ.

ROWG Feedback:

Awesome piece of work.

What percentage of radiation oncologists are involved? About 80%, a positive uptake.

Appreciate the sharing of this information in the bid to improve treatment for this group.

Action: Chair to ask if the Prostate Cancer Outcomes Registry data can be shared with Te Aho o Te Kahu

Head & Neck Cancer Project Update

Rebekah Sizer presented to the group – Refer to report that has been sent out.

- Concern about the increased mortality rate of 37% for Maori with head and neck cancer.
- Treatment interventions – higher for Maori.
- Found age was not a factor in time to treatment, so removed this category.
- Ethnicity didn't show any statistical differences, but surgery and RT showed a longer wait for females, the Southern region also showed a significant delay regarding surgery access. Rebekah's thoughts regarding the difference in sex – possibly preconceived notions of gender, men go to the doctor later, therefore are at a higher stage, and get prioritized for surgery. Studies show women are the primary carers, evidence shows prioritizing others over their own health.

ROWG Feedback:

Averages are largely driven by Auckland.

The sex difference was unexpected.
Congratulations from the group for the study.
Is this going to be published? Not confirmed at this stage.

Radiation therapy counting/PUC update Structured pathology project update

John Manderson provided an update on behalf of Te Aho o Te Kahu.

- John recognised the health workers across Aotearoa who had supported and been involved in the project.
- Moving Aotearoa into a more digital data environment. Translating the ICCR developed and RCPA adapted pathology protocols into technical data standards for requesting and reporting pathology.
- Progress: new project website is now live.
- Working to get labs to pilot this and will focus on the lung and breast space to show the benefits of getting to requesting and reporting of pathology.
- John showed ROWG the new Structured Pathology Data Standard Manager tool and demonstrated how to pull a report.
- John gave thanks to the pathologists involved.

New approach to counting radiation therapy:

- Led by Ministry of Health
- Purchase Unit Codes (PUCs) are counting codes.
- Six new oncology radiotherapy purchases.
- Current codes are still in system, but new codes are live.
- Auckland district has offered to do costing framework to assist with the establishment of new pricing.

MDM

- MDM Data Standard is about to be released for sector consultation in early August 2022.
- A new MDM purchase unit has gone live.

National treatment variance data

Yuki Fujita/Alex Dunn presented an update on behalf of Te Aho o Te Kahu.

- Data quality issues – there was some missing data
- the results were presented for lung, breast, prostate, rectum, and bone mets. For each cancer the result was presented for curative and palliative intent with the comparison of Māori and non-Māori Uptake of hypofractionation seems to be increasing in all public centres.
- Regional difference was seen in prostate and rectum treatment in earlier years (16/17) but the regional difference has become less obvious over time.
- Shift to hypofractionation is clear in breast and prostate.
- There is no clear difference in treatment between Māori and non-Māori.

Survey on ROC Online tool/dashboard review

- 15 Responses.
- Dashboard used regularly.
- 2 people monthly users and 7 people quarterly.
- Majority of people find it easy to use and can interpret the results, but not all can get the information they are looking for.
- When asked why people didn't use the dashboard, they said they didn't know it existed, and one said the dashboard doesn't give them the information they are looking for.
- Alex Dunn has offered to do an overview of ACT-NOW dashboard when required.

The group broke for lunch from 12:40pm until 1:40pm.

Patient flow metrics

A draft analysis of wait time metrics was presented for the groups review. It was agreed that this would be of value to ROWG and that a working group will be formed with the clinical leads of each centre to further consider the details of how patient flow metrics might be used in the future.

Other Business

The Chair advised the group that she received no response from clinical leads to the Adolescent and Young Adult Cancer Network (AYA) group's email to request input in the development of their fertility preservation guidelines. The Chair reminded the group to pass on information to their teams when requested.

Next Meetings:

27th September 2022, Zoom meeting (3 hours)

Close

The meeting closed with a Karakia at 3:30pm