



Principles for best practice management of lung cancer in Australia

Cancer Australia has developed the *Principles for best practice management of lung cancer in Australia* to support an evidence-based approach for lung cancer care. The Principles include best practice principles, elements and outcomes relevant to the Australian context.

Principle 1: Patient-centred care

The patient with lung cancer and their carer(s) are the focus of best practice lung cancer care.

Principle 2: Timely access to evidence-based pathways of care

Best practice pathways are in place to support timely diagnosis and staging of lung cancer; and appropriate treatment, supportive, follow-up and palliative care are in place.

Principle 3: Multidisciplinary care

Multidisciplinary care is the standard of care for all lung cancer patients.

Principle 4: Coordination, communication and continuity of care

All relevant health professionals, including GPs, provide coordinated delivery of care across the lung cancer continuum of care.

Principle 5: Data-driven improvements in lung cancer care

Lung cancer data are collected, monitored and reviewed regularly to support continuous improvement in the delivery of best practice lung cancer care

Principle 1: Patient-centred care

The patient with lung cancer and their carer(s) are the focus of best practice lung cancer care.

Elements:

- All patients with lung cancer and their carer(s) should be provided with evidence-based information relevant to their clinical and supportive care needs, across the cancer care continuum, to support timely shared decision making
- Delivery of lung cancer care considers patient circumstances, beliefs, preferences and supportive care needs

Outcomes:

- The patient with lung cancer and their carer(s) feel supported, informed and respected across the cancer pathway

Principle 2: Timely access to evidence-based pathways of care

Best practice pathways are in place to support timely diagnosis and staging of lung cancer; and appropriate treatment, supportive, follow-up and palliative care are in place.

Elements:

- Patients with suspected lung cancer should have access to all critical components of the lung cancer pathway appropriate to diagnosis and staging
- General Practitioners should assess, investigate and refer patients with symptoms that may be lung cancer according to best practice evidence (*Investigating symptoms of lung cancer: a guide for GPs*)¹
- Services should have clearly documented pathways and facilitate timely and streamlined referral of patients with suspected lung cancer into the specialist lung cancer team for diagnosis, staging and treatment
- Clearly defined evidence-based treatment pathways for patient with lung cancer should be developed according to disease stage
- All patients with a diagnosis of lung cancer should be considered for clinical trial participation

Outcomes:

- All patients have timely access to all critical components of the lung cancer pathway regardless of location and service delivery setting
- Clearly defined pathways are in place for lung cancer diagnosis that include access to PET and EBUS
- All patients with potentially curable lung cancer are referred for assessment by a surgeon with expertise in thoracic/lung cancer surgery
- Palliative care is introduced early when treatment has non-curative intent

1. Cancer Australia. *Investigating symptoms of lung cancer: a guide for GPs*. Cancer Australia, Surry Hills, NSW, 2012, available at www.canceraustralia.gov.au

Principle 3: Multidisciplinary care

Multidisciplinary care* is the standard of care for all lung cancer patients.

Elements:

- All patients should be considered by a lung cancer MDT regardless of location and delivery setting
- The outcome of treatment recommendations of the MDT should be clearly documented
- The outcome of the MDT should be discussed with the patient and a treatment plan agreed

Outcomes:

- All patients, regardless of their disease stage, have access to all relevant treatment and supportive care options
- All patients are fully informed of their treatment choices and are supported to have input into their treatment plan
- An agreed treatment plan is documented and communicated with all members of the treatment team and GP

* Multidisciplinary care should be delivered according to best practice principles identified in Cancer Australia's document: *Multidisciplinary meetings for cancer care, a guide for health service providers*, available at www.canceraustralia.gov.au

The disciplines represented by the core lung multidisciplinary team (MDT) should at the minimum include respiratory medicine, radiology, pathology, nuclear medicine, thoracic surgery, medical and radiation oncology, palliative care, cancer nursing/cancer care coordination and supportive care/allied health

Principle 4: Coordination, communication and continuity of care

All relevant health professionals, including GPs, provide coordinated delivery of care across the lung cancer continuum of care.

Elements:

- A care plan* should be developed for every lung cancer patient, which integrates the delivery of care across services and settings including a nominated key point of contact and entry point back into the system
- At a systems level, services should implement processes that support timely communication, continuity and coordination of care

Outcomes:

- Patients have well-coordinated lung cancer care tailored to their needs
- Systems are established to facilitate timely and effective information exchange

* The care plan should include all aspects of care e.g. treatment summary, supportive care, and follow-up care (including effects of treatment). The care plan should be reviewed regularly, and any changes over time should be communicated to the team.

Principle 5: Data-driven improvements in lung cancer care

Lung cancer data are collected, monitored and reviewed regularly to support continuous improvement in the delivery of best practice lung cancer care

Elements:

- Services should collect data using the agreed national lung cancer clinical data set and measure patient experience to monitor and review practice
- Services should have mechanisms in place for regular monitoring and review of processes and outcomes to support the delivery of best practice lung cancer care
- Services should engage with consumers to ensure that their feedback is used to inform service delivery and outcomes

Outcomes:

- Improvements in lung cancer care are driven by process and outcome data and patient experience