

20 December 2016

The Hon Paul Green MLC  
Chair  
Legislative Council Select Committee on  
off-protocol prescribing of chemotherapy in NSW

Attention Merrin Thompson  
[chemotherapyinquiry@parliament.nsw.gov.au](mailto:chemotherapyinquiry@parliament.nsw.gov.au)

Dear Mr Green

The Cancer Institute NSW was provided with a copy of the Supplementary Submission that was sent to the Select Committee's Inquiry from Associate Professor Chris Karapetis, Chairman of the Medical Oncology Group of Australia Incorporated (MOGA) on 6 December 2016.

The Cancer Institute NSW was pleased to see MOGA's contribution to the discussion about personalised dosing of chemotherapy, which is consistent with the Reports of the Inquiry under section 122 of the *Health Services Act 1997*. It is nevertheless important to bring to your attention several errors of fact in the Supplementary Submission by MOGA.

- **"[A] unified electronic oncology medical information and prescribing system (OMIS) across the state (or nationally) will provide real time reporting of cancer data to enable clinicians and administrators to monitor treatment results and identify 'outlying' management decisions that may require further investigation and peer review."**

The ability to identify, monitor, evaluate and report on off-protocol treatment variances does not depend on all cancer services using the same OMIS. Indeed, recognising the importance of competition, NSW Health made a policy decision not to choose a single state-wide vendor for an OMIS. All OMIS in NSW, regardless of the vendor, are compliant with Health Level-7 (HL7) international standards for inter-system and inter-organisation messaging.

Every Local Health District in NSW either has an OMIS or has been funded to implement one. The Cancer Institute NSW has provided funding to several Local Health Districts for the procurement of OMIS and is working closely with all Local Health Districts on the implementation of OMIS (whether they have procured the MOSAIQ, ARIA or any other system), to support them to enable them to optimise the ability to electronically prescribe, using eviQ treatment protocols as a baseline. Once e-prescribing has been established in all cancer services, the Local Health Districts will be able to identify, monitor, evaluate, and report on off-protocol treatment variance in real time.

The Cancer Institute NSW has also worked closely with the vendors of ARIA and MOSAIQ, with the result that the unique identifier of each eviQ protocol is now included in their OMIS as a separate field, to enable standardised reporting from any system in the world.

- **“The NSW Cancer Registry does not provide real-time monitoring of outcome data in NSW.”**

No population-based cancer registry in Australia provides real-time monitoring of clinical data, nor were they ever designed to do so. Rather, they enable reporting on long-term trends in cancer incidence and mortality.

NSW was the first Australian jurisdiction to establish a population-based cancer registry and make cancer a notifiable disease. The NSW registry is the only state registry to have data routinely collected on the extent of disease at diagnosis since its inception. The Cancer Institute NSW is working towards publishing cancer incidence and mortality data within 12 months of the year of diagnosis, which will provide Australia's most current incidence data.

NSW is also the first state to augment its population-based registry with a clinical cancer registry; the two registries are now integrated in the NSW Cancer Registry. Linked data, from a range of data sources, is providing comprehensive outcome data feedback to each Local Health District in NSW annually. NSW is the only jurisdiction in Australia providing this level of cancer outcome performance data to clinicians and other teams within each LHD.

Through its Reporting for Better Cancer Outcomes reports over the past six years, the Cancer Institute NSW has provided each Local Health District and each Primary Health Network in NSW with a wealth of information about their own current performance and trends in cancer prevention, screening, treatment and clinical trials in the context of performance across NSW. Increasingly sophisticated indicators are being added each year. The 2016 Reporting for Better Cancer Outcomes reports, which the Cancer Institute NSW is currently presenting to Local Health Districts and Primary Health Networks, include data for many indicators to the end of 2015. No other state or territory reports on cancer system performance or cancer outcomes in such a current and detailed way. A critical part of this work is benchmarking the outcomes across LHDs state-wide. This comprehensive program of measurement, analysis, feedback and systems change is already allowing the sort of improvements in care delivery that MOGA is seeking, in a way no other state or territory is doing.

There are on average 6.4 notifications to the NSW Cancer Registry for each cancer diagnosed, from sources that include pathology laboratories, hospitals, radiotherapy departments, aged care facilities and the Registry of Births, Deaths and Marriages. While increased investment in OMIS is important from the perspective of identifying and reporting on off-protocol chemotherapy prescribing, it will have little effect on the reporting and monitoring of cancer outcomes from the NSW Cancer Registry.

Yours sincerely,

Professor David Currow  
Chief Cancer Officer, NSW  
Chief Executive Officer, Cancer Institute NSW

cc Associate Professor Chris Karapetis  
Chair, Medical Oncology Group of Australia Incorporated