Submission No 75

INQUIRY INTO OFF-PROTOCOL PRESCRIBING OF CHEMOTHERAPY IN NSW

Name: Name suppressed

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Inquiry into off-protocol prescribing of chemotherapy in NSW

Introduction

Our family has been greatly affected by the accusations that have been levelled at our daughter's oncologist, Dr Kiran Phadke. The diagnosis and treatment of cancer is terrifying no matter who you are. To then have doubts cast by the Health Minister through the media as to the treatment our daughter received without allowing Dr Phadke to defend himself is inexcusable. Suddenly the Dr we have trusted with our child's life is suspended and he is not given a chance to respond. - Fair Go Mate !

Dr Phadke is a wise, intelligent, knowledgeable, and compassionate doctor who always had our 20-year-old daughter's best interests at heart during her treatment for Hodgkin Lymphoma (HL). He is selfless. We would recommend him to anyone. He is an exceptional oncologist and he consulted extensively with C in regard to her treatment to deliver the best outcome for her. I am sure he would have done this with each and every one of his patients.

Key Issues:

Off-Protocol Prescribing of Chemotherapy

It is important to look at the reasons why a doctor would go off-protocol in prescribing chemotherapy and to look at what is meant by off-protocol. In most cases this usually means prescribing lower doses of chemotherapy. Where is the gain for the Dr in doing this? There is no financial gain. He is not trying to let his patients die. He is trying to achieve the best outcome for each and every patient. He is trying to get his patients through the exhaustive chemotherapy treatment cycles with all their horrible side effects and is intent on reducing as many late term and long term side effects as possible while enabling remission. He is trying to give his patients the best quality of life.

Chemotherapy is like putting poison into your body. It is toxic. Wouldn't the oncologist be reducing the dosage due to toxicity from the drug? In C's case the dosage of Bleomycin was reduced but only after it started doing damage to her lungs. Recently C started applying for graduate jobs. In some industries a lung function test is part of the standard medical. If Dr Phadke had continued giving C the prescribed dose she would have failed the lung function test. C's Vinblastine was also reduced by 25% to minimise the sensory neuropathy she was experiencing.

The gains would all be patient gains. Is their evidence that prescribing lower dosages in these instances does the patient harm? Treatment for cancer evolves all the time. It is only as good as the latest study.

Patient information sheet on dose adjustment

Cancer is a terrifying and confusing journey at best. Patients and families worry about their mortality. They trust their oncologist. Dr Phake told C when he adjusted her chemotherapy dosage and why. He also advised her GP.

Need and feasibility for Multidisciplinary Cancer Care Teams

Team meetings, while useful, work on agreement. This does not always serve the patient's best interest. C's case was discussed at a Multidisciplinary Cancer Care team meeting at Prince of Wales Hospital after her second cycle of chemotherapy. This was a Lymphoma meeting (they

meet fortnightly on a Wednesday) and agreement was reached, by the team, that the current treatment of ABVD was working. If C's case had been discussed before she commenced treatment I feel sure that the majority would have decreed that she be treated with BEACOPP, because the latest study says it is a highly effective regime. BEACOPP is a lot more toxic than ABVD. C, who is now 23, would now very likely be infertile, and have an increased risk for acute and long-term toxicities including secondary cancers. Instead she appears fertile and is three years in remission and on the way to event free survival.

Case Studies

Kara et al. 2011, BEACOPP chemotherapy is a highly effective regimen in children and adolescents with high-risk Hodgkin lymphoma: a report from the Children's Oncology Group, Online Blood Journal, viewed 23 October 2016, < http://www.bloodjournal.org/content/117/9/2596 >.

Peppercorn et al. 2008, Self-Reported Practices and Attitudes of US Oncologists Regarding Off-Protocol Therapy, Journal of Clinical Oncology, vol. 26, no. 36, viewed 23 October 2016, < http://jco.ascopubs.org/content/26/36/5994.full.pdf >.

Recommendations

Do not publicly name and shame any doctor from the public health system without allowing them to defend themselves. Rethink the process and fix it. Allow the doctor an opportunity to respond to an internal investigation. Allow natural justice. Do not repeat this unfair miscarriage of justice ever again!

Conclusion

This inquiry sends waves of fears through every cancer patient who is currently undergoing treatment or has had treatment. It makes them worry when they shouldn't have to worry all because the health minister decided to send off alarm bells in the community without thinking as to the consequences. It is also worrying for any doctor in the public health system. If it has happened to Dr Phadke it could happen to them. How will Dr Pahdke life ever be the same again? They say mud sticks. Lets hope it doesn't in this case. One can only hope that Dr Phadke is given the opportunity to respond, justice will prevail and that he will be given a 'fair go'.