Supplementary Submission No 55a

INQUIRY INTO OFF-PROTOCOL PRESCRIBING OF CHEMOTHERAPY IN NSW

Name: Medical Oncology Group of Australia

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MEDICAL ONCOLOGY GROUP OF AUSTRALIA INCORPORATED

A.B.N 94 601 175 669

Supplementary Submission 6 December 2016
To the

New South Wales Legislative Council
Select Committee on Off-protocol Prescribing of Chemotherapy in New South Wales
Inquiry into Off-protocol Prescribing of Chemotherapy in New South Wales

From the
Medical Oncology Group of Australia Incorporated (MOGA)
Associate Professor Chris Karapetis, Chairman

I am writing on behalf of The Medical Oncology Group of Australia (MOGA), which is the peak representative body for Medical Oncologists in Australia. We welcome and encourage the review of chemotherapy practice in New South Wales (NSW) which we believe will appropriately reassure NSW patients and their families about the appropriateness of their cancer care, which is recognised to be amongst the best in the world and contribute to the outstanding cancer outcomes achieved in Australia.

We would like to clarify the situation by noting the difference between systematic alteration of a protocol and individual adjustment of a protocol to adjust the dose for an individual patient. We regard the former when it is not based on scientific data as being incommensurate with good practice, but the latter is an intrinsic part of good practice as it seeks to match the dose to particular characteristics or toxicities experienced by a particular patient.

Decisions to vary chemotherapy doses are carried out to personalise therapy for each individual patient. Factors that influence this decision include overall health and performance status, associated co-morbidities and cancer disease burden at the time of each assessment. The ultimate aim of care is to achieve meaningful benefit without overwhelming adverse events that may worsen a patient's quality of life.

There are additional methods that can further optimise health care and chemotherapy delivery in NSW and these should be considered by the present Inquiry. Specifically, 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. Such information technology infrastructure unfortunately has not been implemented uniformly across the state, with

some hospitals not having a modern computing system and other jurisdictions having multiple different OMIS programs within the same local health district (LHD).

The NSW Cancer Registry does not provide real-time monitoring of outcome data in NSW. The reported data in NSW are several years old and the registry has not been optimised to provide useful clinical outcome data to inform and improve practice as compared to other states. This is again a long standing problem in NSW and this position may be improved greatly with OMIS.

An integrated approach to OMIS would also be more cost effective, as state health departments would be in a stronger position to negotiate more favourable pricing, as compared to each hospital/Local Health District holding separate contracts and associated annual maintenance costs and subscriptions.

Optimal cancer care in NSW public hospitals requires a combination of highly trained clinical staff supported by informed administrators and state of the art technology and information systems. We would strongly impress upon the Inquiry the need to not only review the immediate issues but also investigate the infrastructure and systems that can help prevent (and would have detected) these dosing variations from recurring. Real-time monitoring and improved documentation can only benefit future patients.

MOGA would welcome the opportunity to work with NSW Health and The Cancer Institute NSW to address these deficiencies in order to optimise the management of cancer patients in NSW.

Yours Sincerely,

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CC
Professor David Currow, CEO, Cancer Institute NSW