



ST VINCENT'S
HEALTH

Lung Cancer MDC data collection

Speaker:

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Lung Cancer

Issues surrounding lung cancer data collection

- Presentation undifferentiated: MDC's are for lung mass FI
data gathered prior to diagnosis
- Disease is common and lethal: care not concentrated at few centres
survival relatively short
- Management seldom curative: requires more than surgical database
interaction with Pall Care services
- Management multimodality: care shared across disciplines
occurs across a number of centres
- Patients old and frail: comorbidities affect Rx & outcome

Lung Cancer

Demographics

NCCI

QILCOP

St Vincent's

✓

✓

✓

Smoking / Occupational exposure

✓

✓

Clinical

symptoms / signs

✓

✓

Date of symptom onset/1st presentation

✓

Referral to lung cancer service

✓

ECOG

✓

✓

Comorbidities

✓

✓

Biochem / Haematol

✓

Radiology

✓

✓

Pulmonary Function

✓

Tumour

Method of diagnosis

✓

Type

✓

✓

✓

Staging

✓

✓

✓

Compare Clinical/PET/Pathol

✓

Treatment

Modality

✓

✓

✓

Pathological R0, R1 & R2

✓

✓

Recurrence Date, site

✓

✓

✓

Survival

✓

✓

✓



Combined Lung Clinic

Surname:
 Given Name:
 UR No:
 D.O.B:



PATIENT DATA SHEET (Date):

Referring Doctor: _____ **GP:** _____ **Contact:** _____
 Specialist internal 1 _____
 Specialist external 2 _____
 LMO 3 _____
 A&E 4 _____

Smoking: Y/N/Ex Age Started: yrs Age Ceased: yrs Pack years: number

Occupational exposure: Passive smoking:

1. Symptomatic 2. Incidental % Weight loss: over 6 mths

Time line of disease:	Date of:
a) Sx onset	
b) Treatment initiation	

ECOG status at initial CLC visit: (number 0-4)
 0 Fully active
 1 Ambulatory capable of light work
 2 Bed <50% of time, self caring, not working
 3 Bed >50%, partially self caring
 4 Bedridden

Previous Cancer: Y/N If yes, which site Interval mths

Comorbidities: COPD
 1. Physiologically confirmed (FEV₁/FVC <65%)
 2. Clinically and/or radiologically suspected
 3. No COPD on testing
 4. Unable to assess

Histology:
 Primary NSCLC → Histology →
 Presumed Lung Cancer →
 SCLC → Limited Extensive
 Differentiation →

	Diam	T	N	M	Staging
Clinical					
PET					
EUS					
MEDIA					
PATH					

Definitive treatment: Date: Sequence

Treatment modalities:
 (1) lobectomy/pneumonectomy, (2) palliative surgery, (3) palliative radiotherapy, (4) radical RTx, (5) chemotherapy, (6), combined chemoradiation, (7) supportive care, (8) other

First recurrence details:
 Type of recurrence: Local Local&distant Distant only
 Date of recurrence: ___/___/___
 Level of evidence: Tissue Imaging Both

Site(s) of distant recurrence:

Number:	Size, if solitary (mm):	Number:	Size
Brain	<input type="text"/>	Adrenals	<input type="text"/>
Bone	<input type="text"/>	Liver	<input type="text"/>
Lung	<input type="text"/>	Other	<input type="text"/>

Number: 0 = none, 1 = solitary, 2 = multiple

Recommended Treatment:

Palliative? XRT
 Surgery
 Chemotherapy
 Curative? Surgery
 XRT
 ChemoRT
 Regimen details: _____

Cause of Death: Tx-related Lung Ca – loco reg Lung Ca – distant Unknown
 Secondary primary Other

Date of Death: _____ Details: _____

Lung Cancer

St V's Combined Lung Clinic activity 5 years

Primary Lung Cancer	855	52%	Breast Adenocarcinoma
Secondary Lung Cancer	170		Colon Adenocarcinoma
Primary Pleural Cancer	39		Stomach Adenocarcinoma
Secondary Pleural Cancer	18		Pancreas Adenocarcinoma
Malignant Mediastinal Tumour	40		Adenocarcinoma of Unknown Primary
Benign Mediastinal Tumour	22		Osteosarcoma
Presumed Lung Cancer	74		Lymphoma
Benign	327		Other Malignancies
Pending	123		Pulmonary vasculitis
			Sarcoidosis
			Bronchiectasis
			Tuberculoma
			Lymphomatoid Granulomatosis
			Tuberculous bronchial stricture
			Endochondroma
			Pulmonary infarct
			Round Atelectasis
			Benign pleural plaque
TOTAL =		1711	

Primary Lung Cancer tissue or cytological diagnosis 92%

Lung Cancer



(A) CLC activity:

	Metropolitan (distant)	Metropolitan (distant)	rural & regional
Mean age	72±10yrs	69±11yrs	67±11yrs
% of total patients	22%	44%	34%

(B) CLC process:

Referral to MDC

↓ 4.6 ± 5.0 days

Initial Consultation

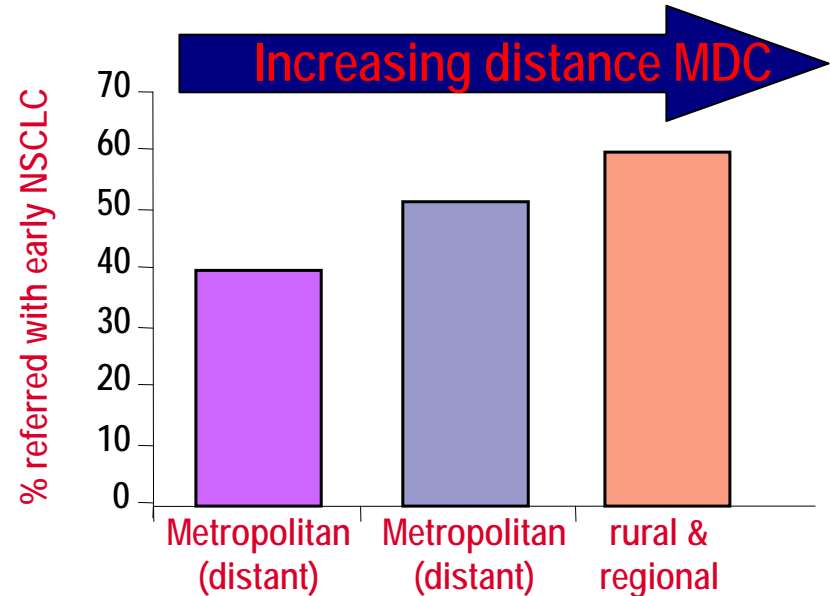
↓ 14.5 ± 17.3 days

Management decision → Supportive Care

↓

Active Treatment →

- Lobectomy/Pneumonectomy
- Radical Chemo/Radiotherapy
- Palliative Chemotherapy
- Palliative Radiotherapy
- Radical Radiotherapy
- Endobronch therapy
- Pleurodesis/Pericardiocentesis



Number Days delay to therapy

34 (13.2%)

89 (34.6%) 13.8 ± 9.5 (range 1-40)

18 (7.0%) 23.0 ± 18.0 (range 1-61)

41 (16.0%) 9.6 ± 10.4 (range 1-35)

59 (23.0%) 8.4 ± 7.9 (range 1-38)

5 (1.9%) 22.0 ± 24.0 (range 1-39)

6 (2.3%)

5 (1.9%)

Total 257

Lung Cancer



ST VINCENT'S
HEALTH

Audit of St Vincent's CLC activity

Recruitment

2002-4

Patient numbers

(n=257)

(a) BTS recommendations for investigative & management timeline

Referral to initial consultation

Time

% Compliance

2 weeks

93%

Initial consultation to thoracotomy

8 weeks

100%

Decision to treat and commencing chemotherapy

10 days

81%

Decision to treat and commencing palliative radiotherapy

2 weeks

93%

Decision to treat and commencing radical radiotherapy

4 weeks

94%

(b) Measures of optimal lung cancer management

% Compliance

Stage I-IIIa NSCLC

Macroscopically complete surgical resection

98%

Mediastinal lymph node sampling

100%

30 Day survival

95%

Stage IIIb NSCLC

PET prior to radical combined chemo and radiotherapy

100%

Completion of 60Gy radiotherapy

84%

Stage IV NSCLC

Pathological confirmation of metastatic site of disease

92%

(ECOG 0-2)

Referred for consideration of duplet chemotherapy

86%

Limited stage SCLC

CT head and bone scan performed prior to treatment

100%

Thoracic irradiation for patients receiving chemotherapy

85%



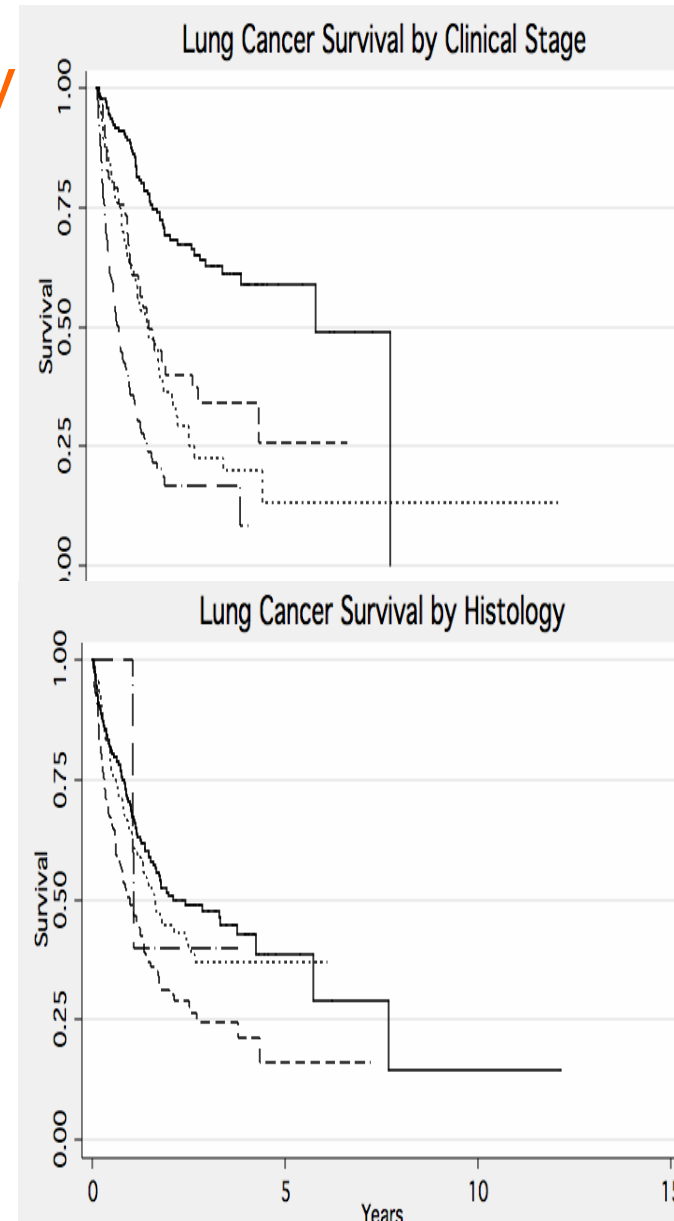
Lung Cancer

Audit of St Vincent's CLC activity

Variable	HR	P value	95% CI
Presentation	1.5	0.013	1.09 - 2.10
Histology *	1.5	0.002	1.15 - 1.91
Clinical Stage †			
II	1.9	0.003	1.25 - 3.04
III	2.5	0.000	1.67 - 3.58
IV	4.4	0.000	3.09 - 6.28

* Large cell vs non-large cell.

† Survival by Clinical stage I compared to II,III & IV



Lung Cancer

St Vincent's Lung Cancer Tissue Bank

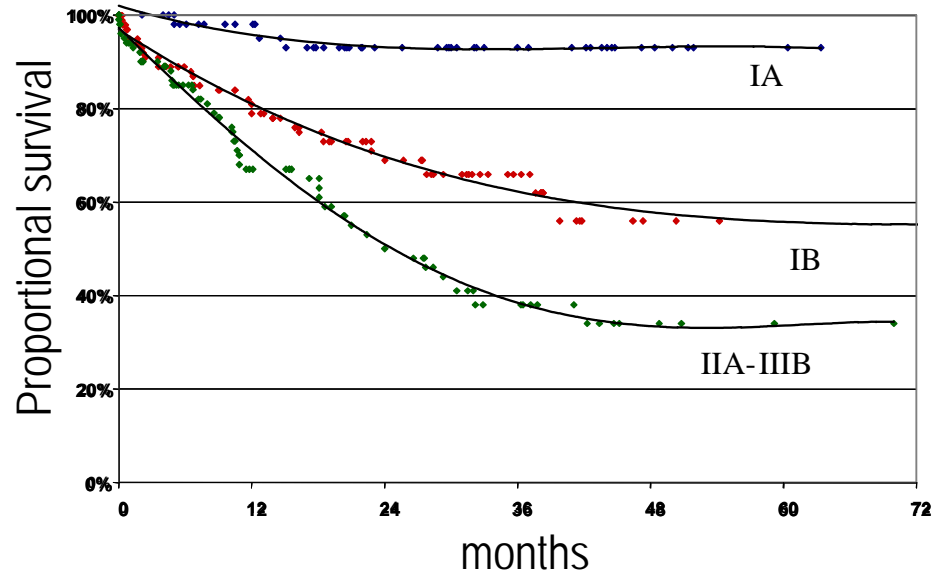
Number of patients = 287

Male 173 Female 114

Variable

Histology	Adeno	96
	Large	50
	SCC	69
Pathological Stage	I	138
	II	34
	III	40
	IV	12
Adj chemotherapy	Yes	62%
	No	38%

NSCLC: Survival following surgical treatment



Others: Recurrence: locoregional
distant
PET stage
Smoking history



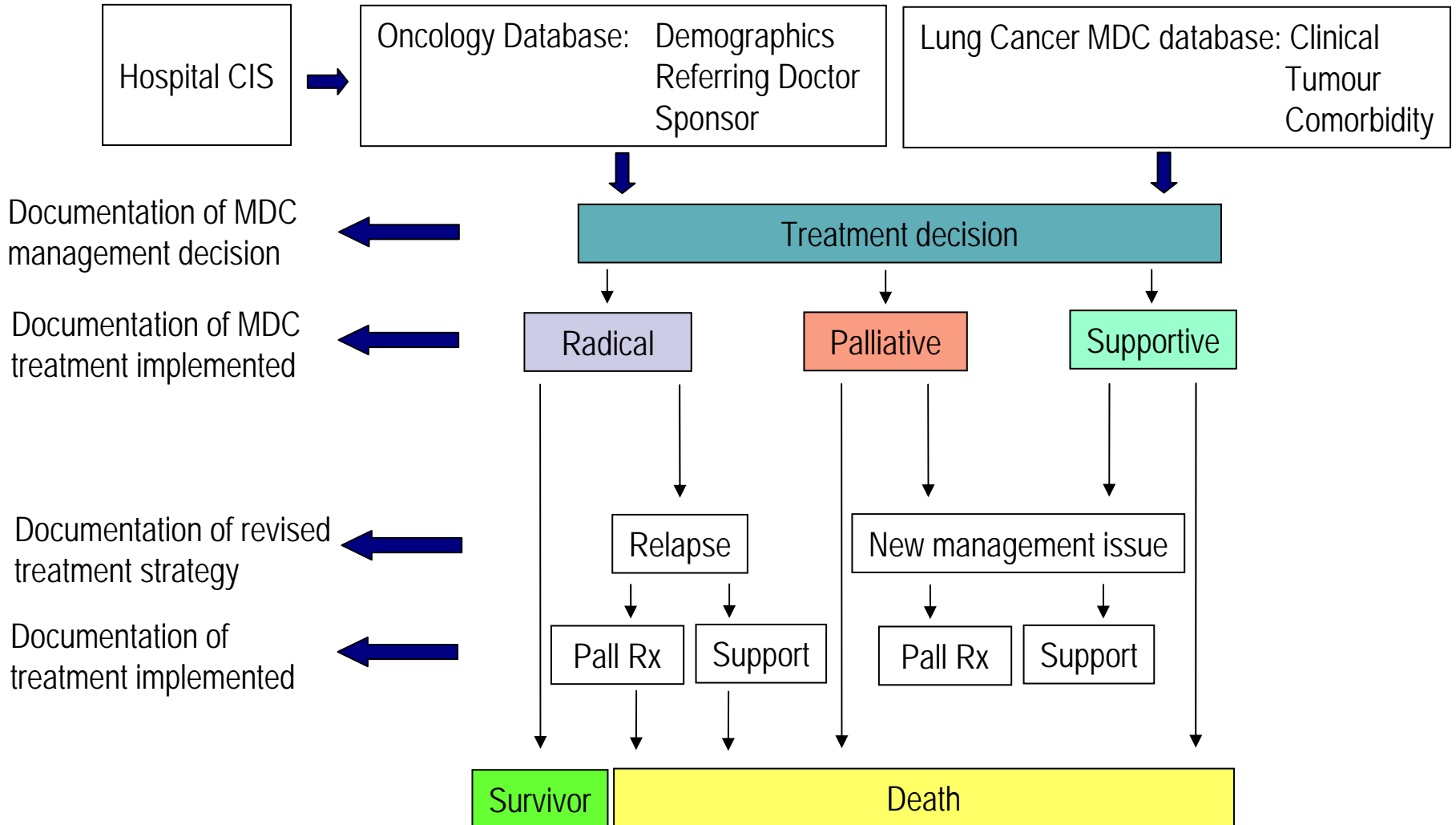
Lung Cancer

Web based MDC tool:

- Facilitate MDM and clinic management
- Used for audit of:
 - clinical service delivery
 - resource utilisation
 - clinic process
- Host data relating to non primary lung cancer episodes
- Statewide lung cancer data collection
- Translational research collaboration: Molecular projects
 - Health service evaluation
 - Population studies

Lung Cancer

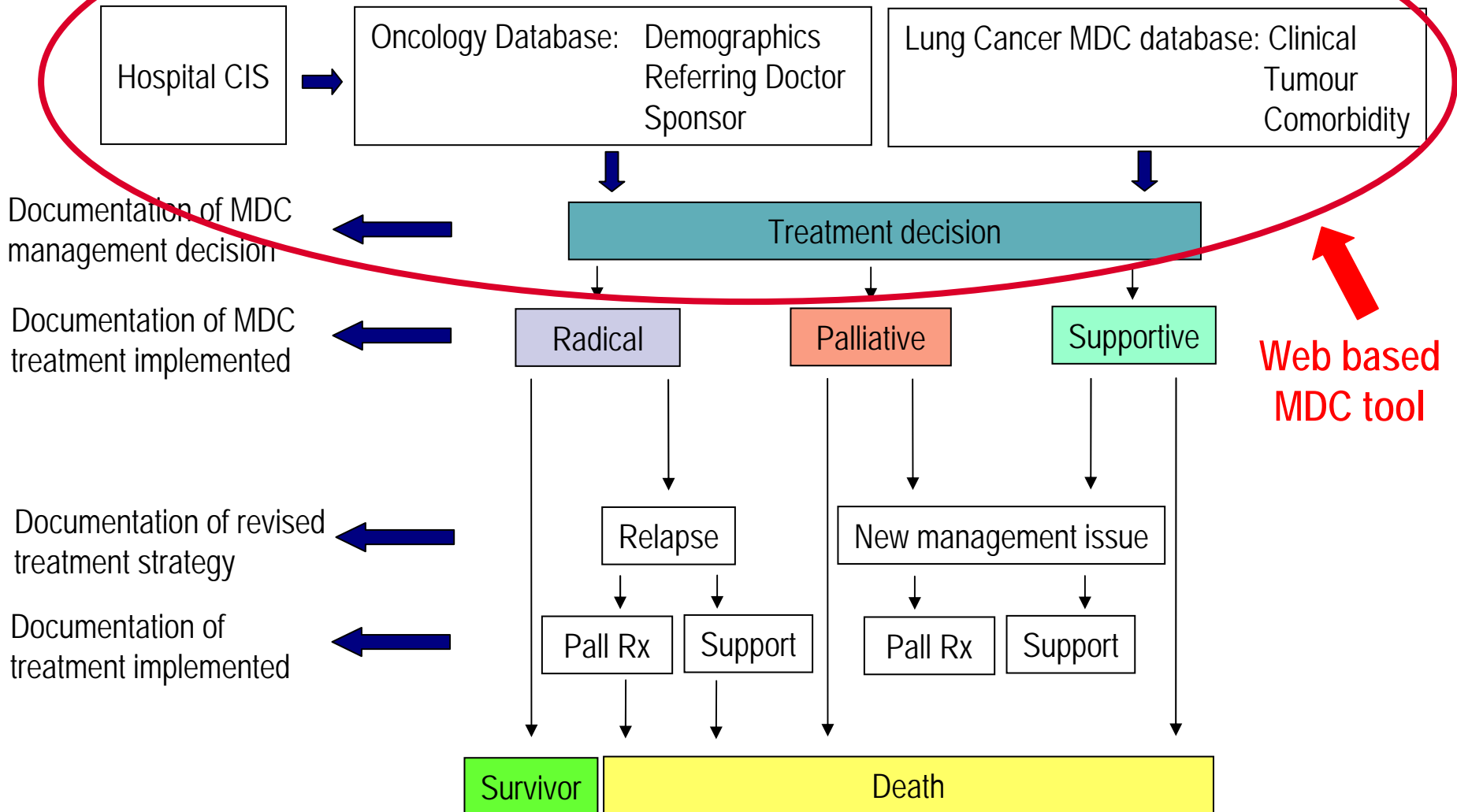
Model for MDC data management



Lung Cancer

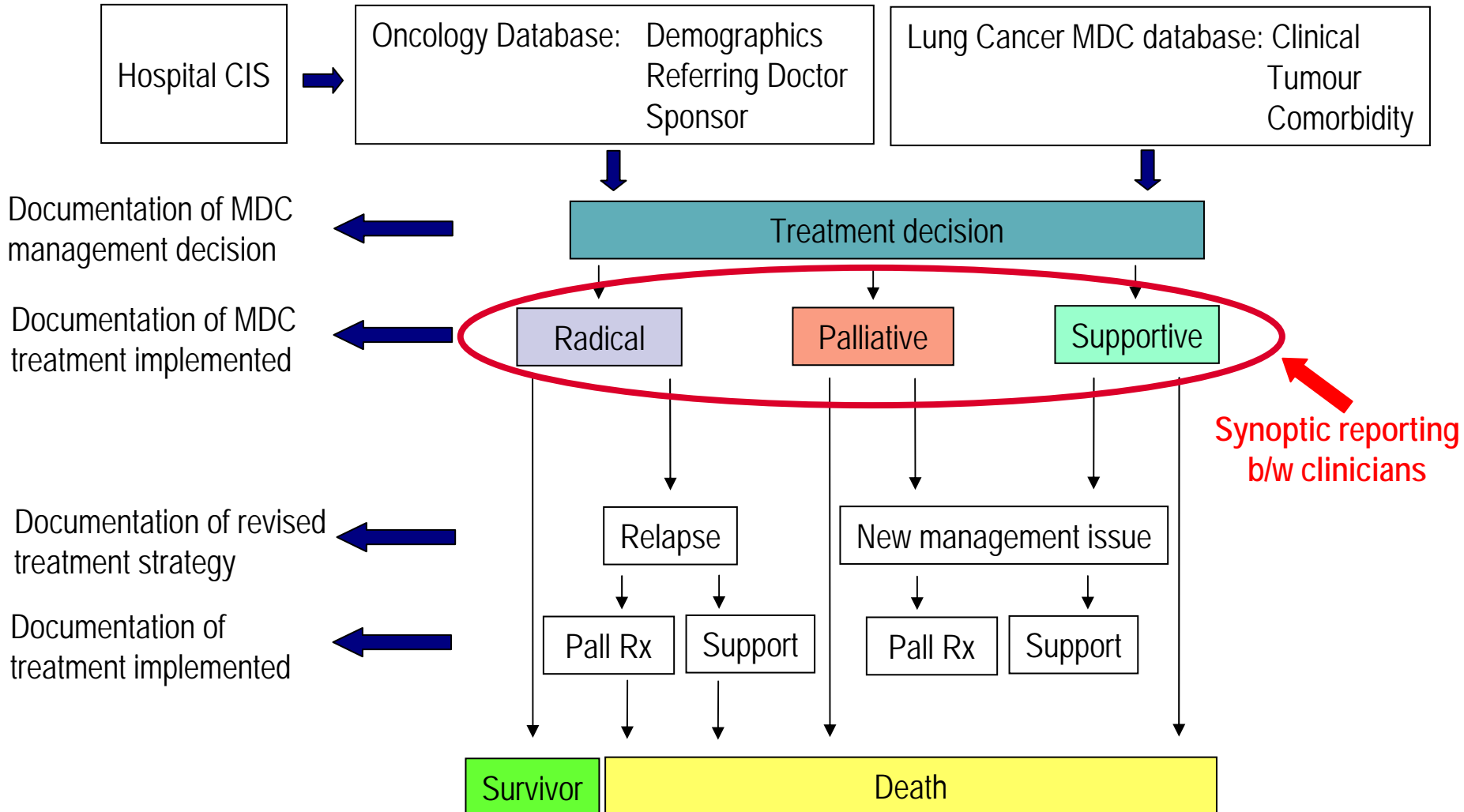


Model for MDC data management



Lung Cancer

Model for MDC data management



Lung Cancer



Model for MDC data management

