Treatment Patterns for Small Cell Lung Cancer in South Western Sydney residents

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Background

Sydney South West Area Health Service (SSWAHS) is a large metropolitan health service in New South Wales (NSW), providing care for over 1.3 million people – one of the most populous areas health services in the state.

In 2004 the National Health & Medical Research Council (NHMRC) published the National Guidelines for Small Cell Lung Cancer. Optimal treatment is vital for quality of care and improved survival.

Small cell lung cancer (SCLC) is characterized by rapid growth and widespread dissemination of disease. The majority of patients were being treated in accordance with evidence-based guidelines.

To investigate compliance with the NHMRC guidelines, patients with unknown stage and ECOG were excluded from the analysis. Overall, 73% (n=59) of SCLC patients were treated according to the NHMRC guidelines.

Method

The SSWAHS Clinical Cancer Registry (ClinCR) holds quality patient-centric cancer information regarding diagnosis, treatment and outcomes of patients diagnosed and/or treated within SSWAHS public facilities.

Table 2. Treatment patterns were compared with NHMRC Clinical Trial guidelines for lung cancer. Appropriate treatment for this investigation was categorized as per Table 1.

Results

To investigate compliance with the NHMRC guidelines, patients with unknown stage and ECOG were excluded from the analysis. Overall, 73% (n=59) of SCLC patients were treated according to the NHMRC guidelines.

Chemotherapy

- SCLC patients received chemotherapy according to guidelines 77% of the time.
- The recommended regimen for chemotherapy was platinum-based chemotherapy for Limited Stage disease and 4-6 cycles for Extensive Stage disease.

Radiotherapy

- SCLC patients received radiotherapy according to guidelines 84% of the time.
- The recommended radiotherapy regimen was 4-6 cycles of radiotherapy.

Conclusion

- Most SCLC patients diagnosed and/or treated within SSWAHS public facilities received active treatment for their cancer.
- Chemotherapy was the most utilised treatment modality overall, followed by radiotherapy.
- In the majority of cases treatment was concordant with NHMRC guidelines.
- Variation of chemotherapy regimen and cycles, radiotherapy site and treatment intent or the complete omission of a treatment modality were the identified reasons for a lack of adherence to the NHMRC guidelines.

Further studies into the reasoning behind patients not receiving guideline treatment could be conducted to consider other variables, such as co-morbidity status and patient preference for no treatment. In addition, quality of care indicators such as referral to palliative care and multidisciplinary discussion could be assessed to give a more complete overview of patient care.

References


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