

Assessing the gaps in experience and knowledge of Australian Primary Healthcare Professionals (GPs), in treating and caring for NeuroEndocrine Cancer Patients.

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INTRODUCTION

- Conservatively, the incidence of patients diagnosed with NETs annually is 7/100,000
- Latest AIHW figures have NETs incidence at 4,278 per year or 14 / 000
- Patients are living longer, however, with impaired QoL
- Management of debilitating symptoms such as diarrhoea, fatigue, anxiety, and flushing are complex and heterogeneous.
- With >60% having metastatic disease at diagnosis, transition to community delivery of SSAs, average travel of 300km to NET COEs leading to reliance on General Practitioners (GPs)

AIM

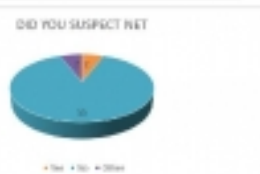
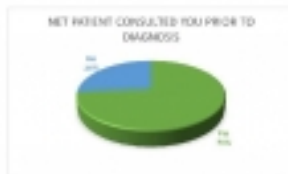
- With a goal of reducing the years to diagnosis from on average 5-7 year to 1-2 years, we set about raising awareness of NETs with Primary Healthcare Professionals
- The aim of this study was to have NET Patients nominate their current GP to be surveyed so that we could identify the gaps in knowledge they had to provide optimal ongoing care
- The findings from this survey were then to be used in the creation of online and face to face education

METHODS

- 75 GPs nominated by NET patient from around Australia
- Paper survey with return envelope sent to nominated GPs
- 34 GPs completed, equates to 45% response rate diagnostics
- The results were continuously evaluated

RESULTS

- Reconfirming the need for awareness about symptoms; 74% of GPs surveyed had assessed their patient pre-diagnosis, however, only 5% suspected a NET.



- When asked about presenting symptoms abdominal Pain was the most common followed by bloating were the most common

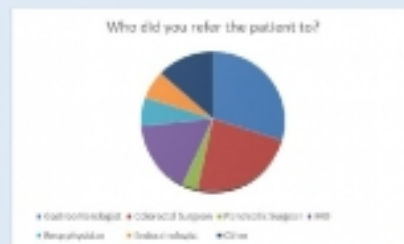


RESULTS

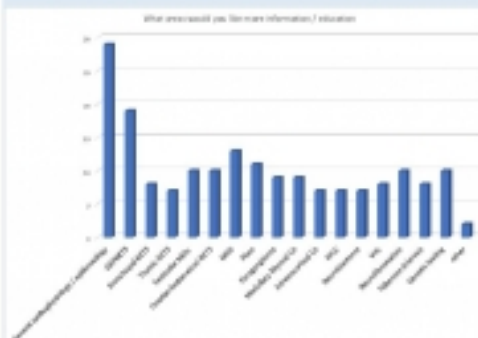
- The most common diagnostic test was CT, then Ultrasound, others also rated highly included FBC, LFT, UEC, CRP, Ca19.9. Very few ordered Chromogranin A, MRI and SHIAA. Each are depicted in the below graph.



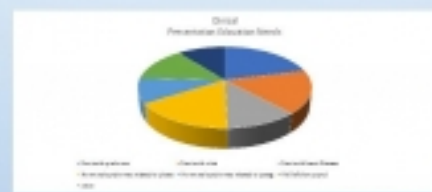
- Who did you refer the patient to for further investigation and establish a diagnosis? The most common was a gastroenterologist then a colorectal surgeon. Other, also was selected however who was other was not specified in their answer.
- Oncologist came in third likely as a referral



- Encouragingly 85% of GPs reported that their NET patient was reviewed within an MDT and 75% stated they received reports immediately after these consults
- The key areas of education identified by GPs were basic pathophysiology of NETs and epidemiology
- GEP NETs and MEN came in second and third

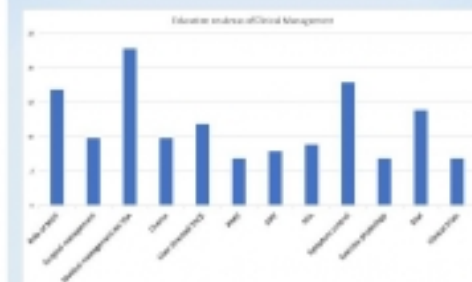


- Carcinoid Syndrome, Carcinoid Crisis and Carcinoid Heart Disease were clinical presentations which the respondents requested more education

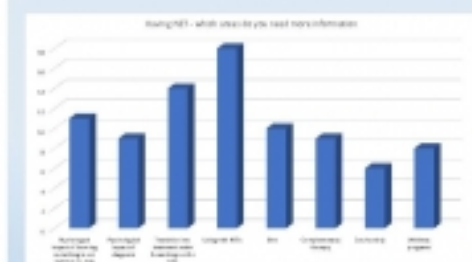


RESULTS continued

- Within clinical management questions asked of GPs, the management of Somatostatin Analogues (SSAs) featured, as did symptom control and the role of the Multidisciplinary Team and diet



- Living with NETs was the most common area and then transition into treatment realm and reaching out for help. Third most common information request was diet.



CONCLUSION

- The survey was a comprehensive way to identify the lack of awareness of NETs by GPs, the lack of identification of symptoms highlighted by the vagueness of these symptoms, what to do to obtain a diagnosis, optimal management of NETs and key areas for improvement in caring for NET patients in the community
- Based on the information provided by GPs on the gaps in knowledge and expertise, NeuroEndocrine Cancer Australia will create online learning modules
- Using an external provider 4 online interactive modules, covering off the key areas identified, will be created and these will attract Continuing Professional Development (CPD) points by the Royal Australian College of General Practitioners
- Launch date will be August 2020 and run for three years
- As a result of the increased knowledge of Neuroendocrine Cancers by GPs they will be an integral part of the multidisciplinary team and thus improving the NET patients Quality of Life
- Extending this educational program to nurses will be assessed