

Building the Evidence for a National Optimal Cancer Care Pathway for Neuroendocrine Tumours

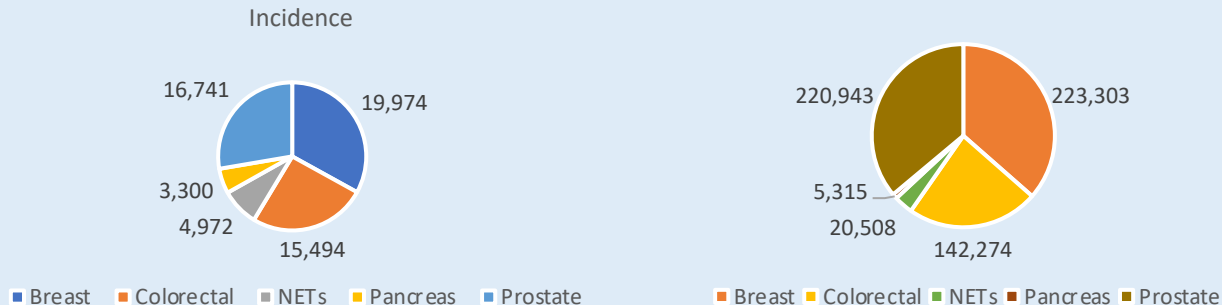
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Introduction / Background:

- Neuroendocrine Tumours (NETS) are a heterogenous and diverse group of cancers more commonly found in the gastrointestinal system and lungs and sometimes in ovary and testes. NETs are the 2nd most prevalent gastrointestinal malignancy after colorectal cancer. Most patients are misdiagnosed for 5 – 7 years due to vague, non-specific symptoms with the majority experiencing metastatic spread to other organs such as the liver. NETs affect 17 per 100,000 Australians, putting them in the category of a Less Common Cancer, yet there is little awareness and no Optimal Care Pathway (OCP). There are few dedicated NET Specialist Centres around Australia, delivering comprehensive Multidisciplinary Team management of NETs. The referral path to these facilities is currently under-accessed.
- Whilst the referral path after diagnosis is not clear, awareness and knowledge of correct diagnostic tools by Primary Healthcare is minimal. Despite updated clinical guidelines, awareness about imaging including CT, nuclear imaging (Gallium 68 PET & FDG PET) and blood biomarkers such as CGA is low. Inclusion of symptoms to suspect and diagnostic tools to use in an OCP would aim to decrease the time to diagnosis and cancer spread to other organs.
- OCPs provide guidance for every phase of cancer care, from detection to survivorship care, with inclusion of supportive care. These aim to ensure quality care and reduction of unmet needs at every step of the patient trajectory, with appropriate referral to health professionals and organisations to ensure QOL. They also enable cost effectiveness through referral for appropriate investigations.

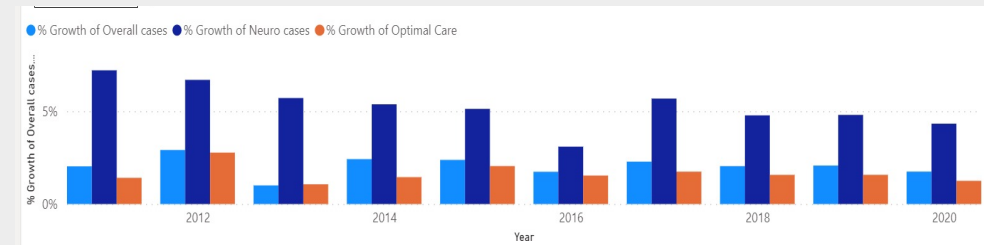
Objectives / Aims:

- Examine the incidence and prevalence of NETs in comparison to other cancers with OCPs.
- Demonstrate the impact OCPs have on the patient trajectory.
- Improve management of NETs nationally through the development of an OCP.
- Earlier diagnosis.
- Optimise survival and Quality of Life (QOL) in NET patients.



Description / Methods:

- The project involved in-depth analysis of data presented by Australian Institute of Health & Welfare (AIHW), relating and comparing the incidence and prevalence of NETs with other cancers which have an OCP. This graph demonstrates the growth of overall cancer cases in comparison to NETs and the lack of growth of Optimal Care Pathways.



Results / Outcomes:

- Outcomes for cancers with OCPs have demonstrated improvement compared to NETs (no current OCP).

Conclusions:

The incidence of NETs is increasing. Due to the lack of an OCP, there are inadequate referral pathways resulting in delays in diagnosis, sub-optimal care, reduced QOL and poorer outcomes overall. The findings from this analysis highlight the importance of the development of a NET OCP.

Note - The Minister for Health Greg Hunt announced on Thursday 22 April approval for a Neuroendocrine Tumour OCP

