

ILCOP Webconference – Active Treatment Rates

Monday 13 July 2011, 3pm

Attendance:

Dr Ian Woolhouse – ILCOP Clinical director.

Clare Morris – NCAT

Dr Andrew Bates – Clinical oncologist

Facilitators: Lisa Martin and Senai Jimenez.

[Listen here to the recording of the session](#)

Participants were shown Active Treatment data which showed variation between clinical teams. Possible reasons for this variation were discussed and noted below. The issues highlighted in **bold** were seen as issues that could potentially be Quality Improvement projects for Lung Cancer teams.

1. Variables affecting access to treatment

- Availability of oncology sessions
- Centres with oncology on site likely to have higher rates
- Lack of access to radiotherapy/ Clinical Oncologists

2. Selection of patients at MDT:

- **Oncologists seeing borderline people can ensure that all patients are given a fair access to treatment**
- **N2 patients to have radiotherapy field considered, PET scans (as per guidelines)?**

3. People related factors at MDT:

- **Treatment decisions are related to type of oncologist who attends MDT**
- **NCAG report affects some oncology decisions (SCLC) - SCLC being more aggressive (putting risk/benefit to patients)**
- Confidence level of oncologist
- Oncologist's actual specialism (cancer body site)?
- More than one oncologist?

4. Information related factors at MDT:

- **Would be helped by having ready access (electronic) 'live' at MDT (like Adjuvant On-line for breast)**
- P/S can be misleading (data needs to be accurate)
- Patients to be presented by people that have met them or 'hedging bets' (P/S 1-2)

5. Diagnostics

- **More EGFR testing/quick turnaround time for test results**
- Pathology confidence – differentiating type of non-small cell

6. Outside of MDT

- **CNS support - felt to impact on patients decisions about treatment**

For further queries, please contact Senai Jimenez, ILCOP Project manager, on 0203751501 or Senai.jimenez@rcplondon.ac.uk .
