

Variation in treatment approaches for mCRC across Australian hospitals – can we use registry data to develop quality indicators?

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Introduction and aims

- Quality indicators (QI) are essential to monitor the efficacy of cancer care and to guide quality improvement
- We aimed to use cancer registry data to define novel QI for mCRC based on therapeutic approaches associated with a proven survival benefit.

Methods

- TRACC (an Australian multisite prospective mCRC registry) data from 11 hospitals was analysed, exploring variation by site with regards to:
 - patient characteristics
 - chemotherapy administration (in elderly >75, chemotherapy choice, etc)
 - resection of oligometastatic disease (liver and lung)
- Log-rank testing compared overall survival (OS) between sites, chi-square testing assessed differences in treatment approaches and Pearson correlation assessed associations with OS.

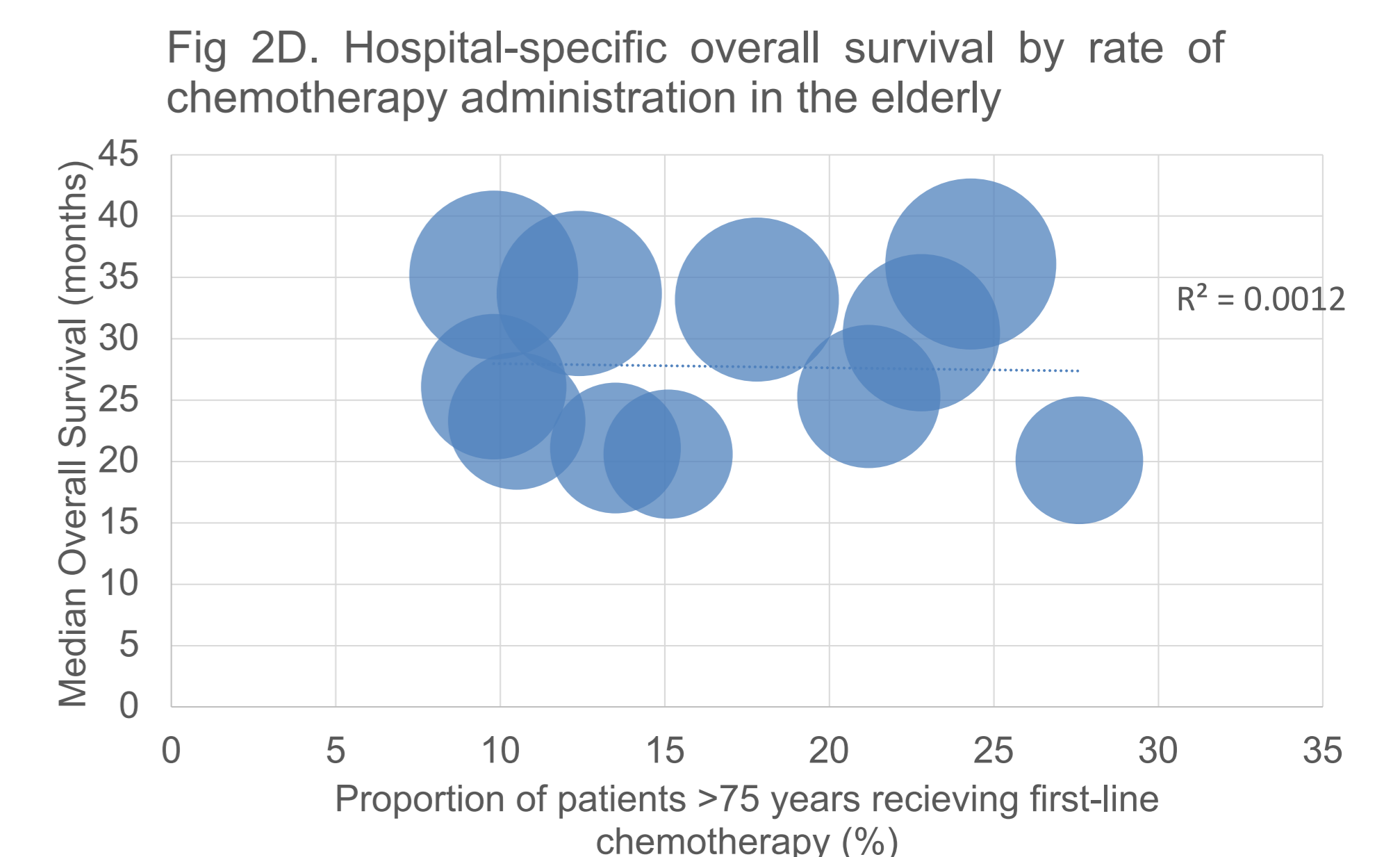
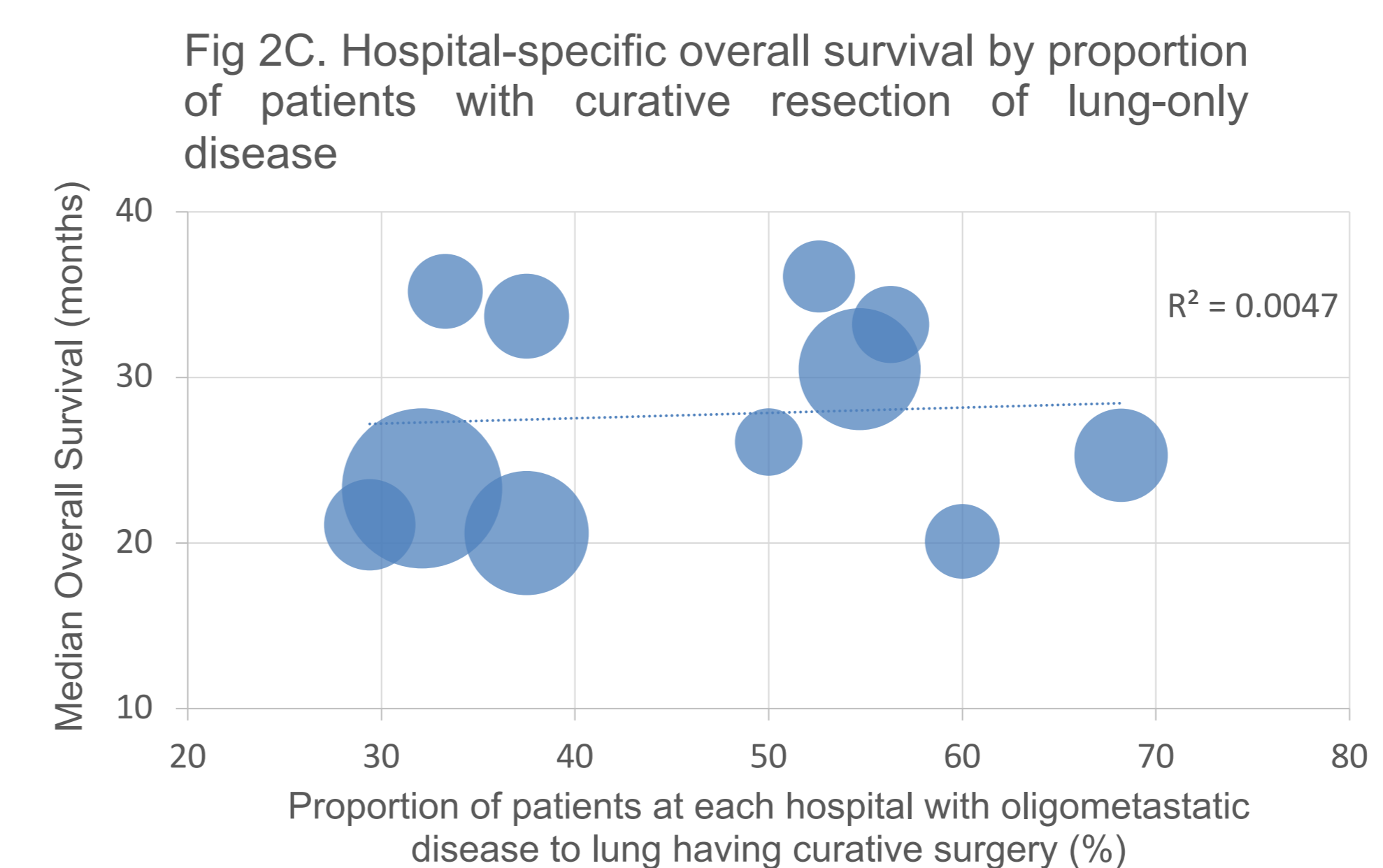
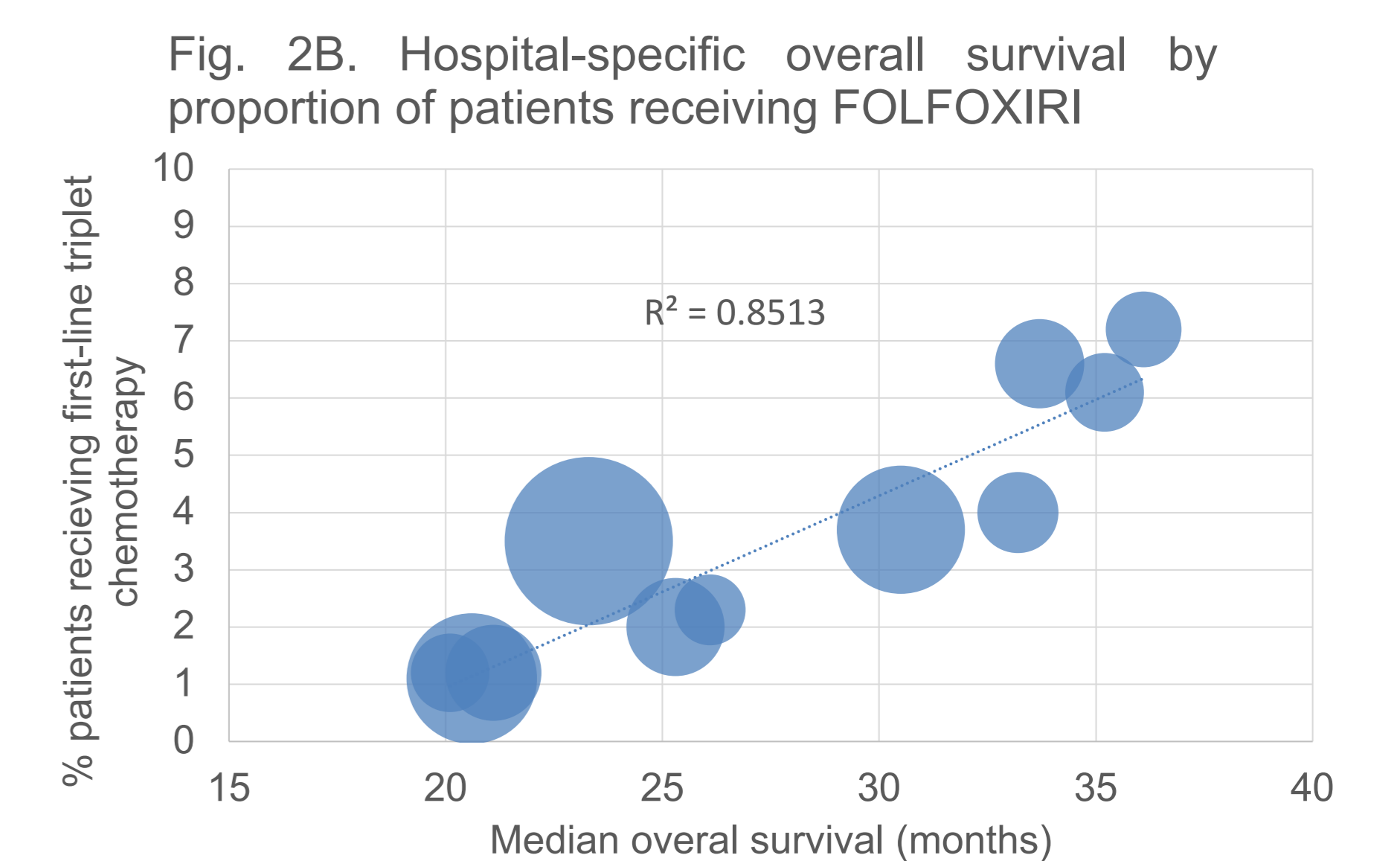
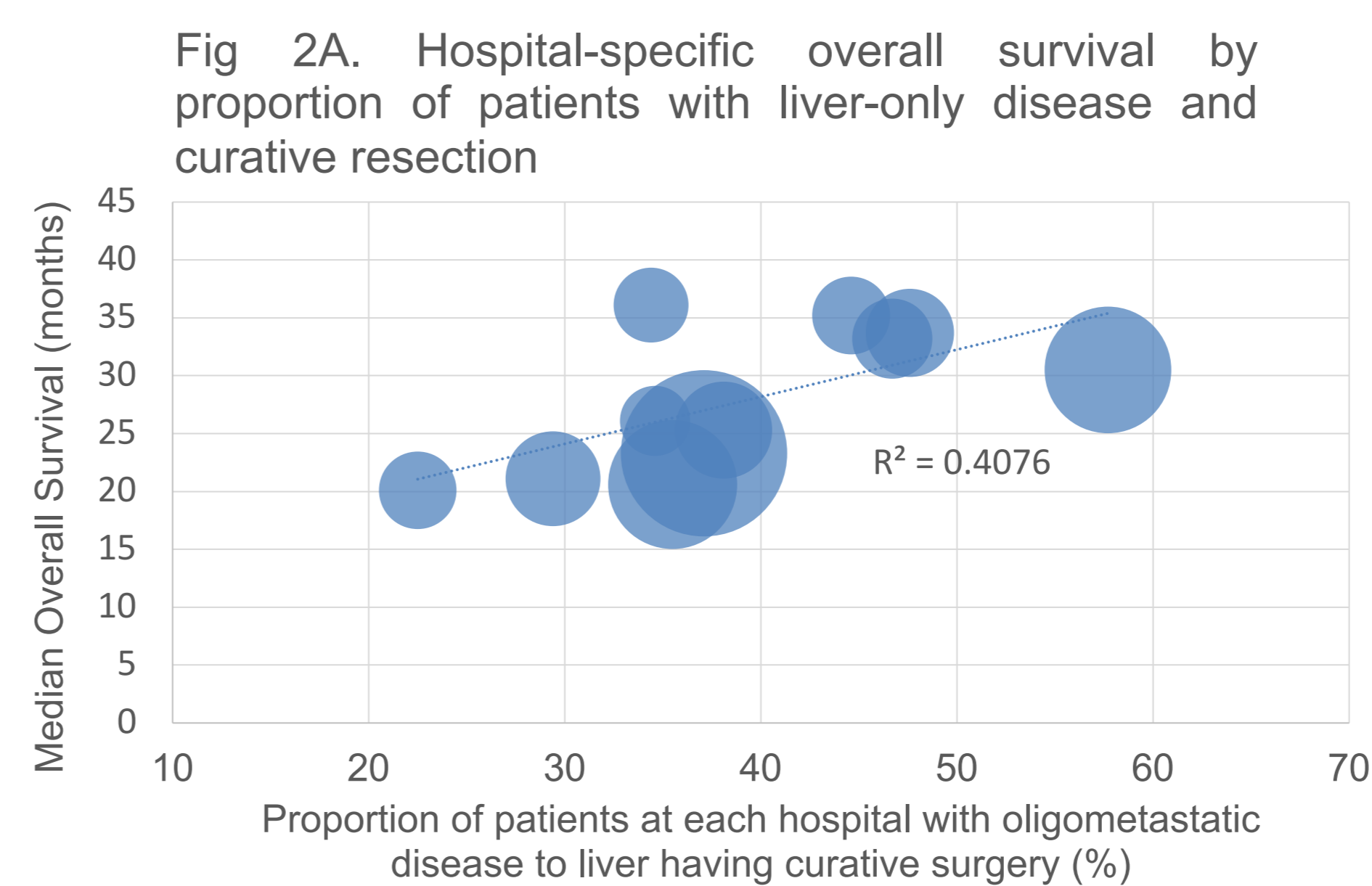
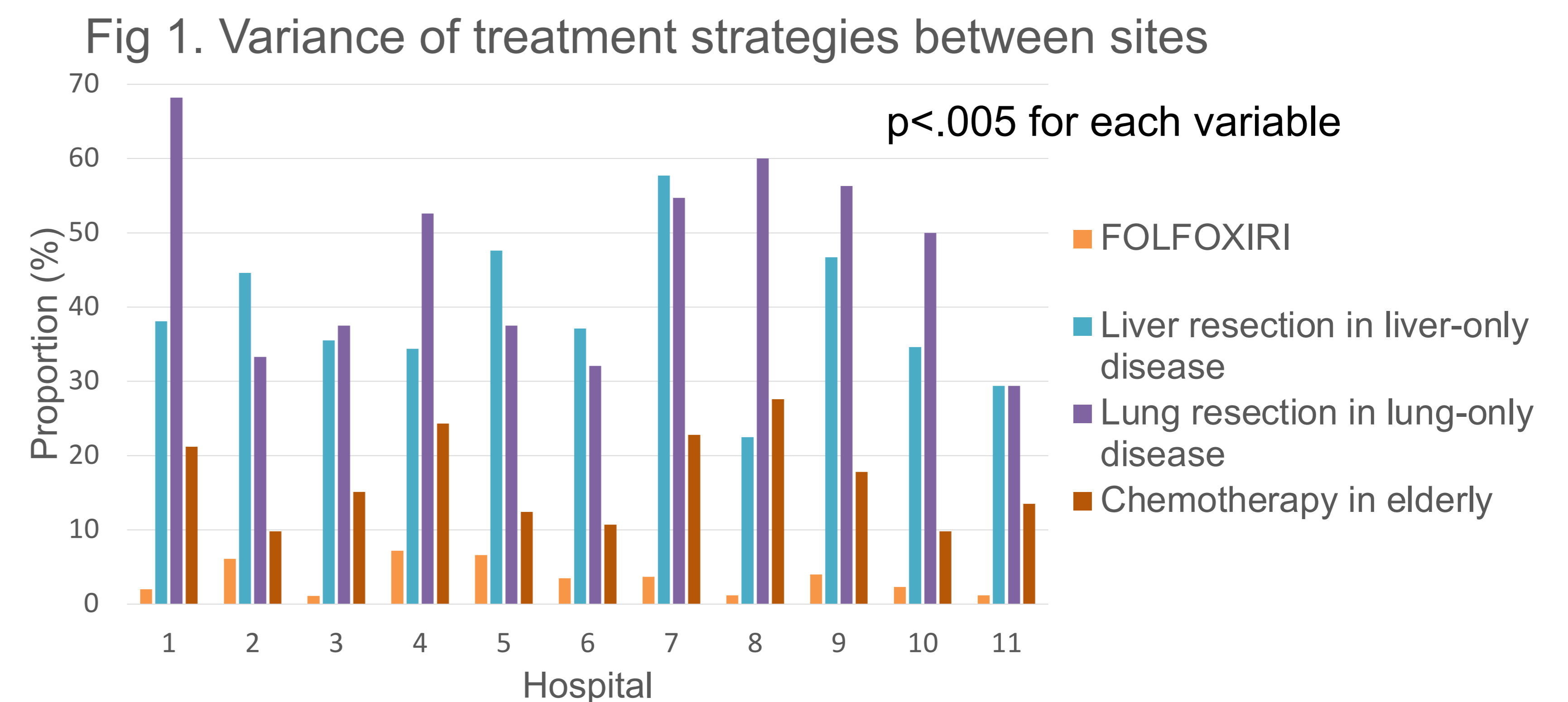
Results

- Median OS for the cohort of 3123 patients was 26.2 months and ranged by hospital site from 20.1 to 36.1 months ($p=0.55$).
- Treatment strategies varied significantly by hospital (Fig 1).
- Use of FOLFOXIRI varied between sites (2.8 - 13.2%, $p<0.001$) and strongly correlated with OS ($R^2 = 0.85$) [Fig 1 & Fig 2B]
- Rate of liver resection in liver-only disease (22.5 – 57.7% , $p<0.005$) was moderately correlated ($R^2 = 0.52$) [Fig 2A].
- Lung resection and treatment of the elderly varied significantly between hospitals but did not correlate with survival [Fig 2C and 2D].

Future directions

- Further work will determine the impact of patient case mix between sites, and to correlate these QI with other quality measures.

Results



Each bubble is an individual hospital with size depicting relative case load