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Quality Indicators for Endometrial Cancer Treatment in MidCentral DHB

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Background:

Endometrial cancer numbers among the most common gynaecological malignancies and is the fifth most common among New Zealand women. The incidence of endometrial cancer in New Zealand is estimated at 14/100 000, with mortality of 3/100 000, in keeping with age adjusted incidences in North America and Europe. Palmerston North Hospital, in the MidCentral District Health Board, serves a population of 178 000 people. Twenty percent of residents in MidCentral DHB are Maori, a higher proportion than national averages. There is also a higher proportion of people living in deprivation (NZDep decile 4-10). Palmerston North Hospital provides local clinics, imaging and gynaecological surgery, radiotherapy and medical oncology services. Off-site services include multi-disciplinary meeting based out of Wellington as well as surgical support when required. Outpatient Hysteroscopy diagnostic procedures were introduced in 2018.

Treatment Targets:

Ministry of Health have 6 mandated targets to improve performance of health services - including Faster Cancer Treatment.

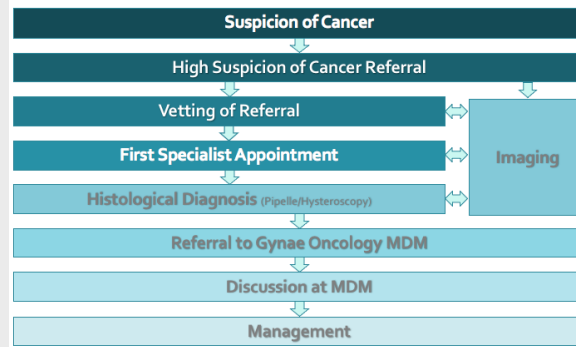
Targets:

1. 90% of patients referred with a high suspicion of cancer need to be seen within two weeks
2. 90% of patients receive their first cancer treatment (or other management) within 62 days of being referred
3. 90% of treatment should begin within 31 days from decision to treat

Standards of Service Provision for Gynaecological Cancer:

4. Referrals from post-menopausal bleeding or suspicion of pelvic masses are offered an appointment within 2 weeks of referral
5. MDM takes place within 14 days of referral to MDM
6. Pathology reports are communicated within 10 working days of specimen being taken

A Patient's Journey:



Methodology:

Retrospective audit examining patients diagnosed with endometrial cancer in MidCentral DHB between:

- June 2014 - June 2018 (77) Pre-outpatient hysteroscopy
- July 2018 - June 2020 (36) Post-outpatient hysteroscopy

Patients with recurrence of previous cancer and cancer of non-gynaecological origin were excluded. 113 patients in total were included in this audit

Data Collated from:

- Faster Cancer Treatment Project Health Target Database
- Multi-disciplinary Meeting Referrals Database
- Clinical Records



Discussion:

Though there appears to be an overall improvement pre- and post-introduction of outpatient hysteroscopy, the majority of targets mandated by the Ministry of Health have not been met. Delays occur at every step of the Patient Journey.

The average wait time from referral to histological diagnosis has more than halved by obtaining endometrial sampling in the FSA. This has improved by the introduction of outpatient hysteroscopy - eliminating the waitlist time for a general anaesthetic hysteroscopy. There was an increase in imaging available at referral, but this was not found in post-diagnosis staging imaging.

Prompt treatment is more likely to ensure better outcomes for cancer patients. This audit demonstrates further opportunities for optimisation of the endometrial cancer treatment pathway.

Recommendations arising from this audit that have since been implemented include:

- Introduction of a dedicated Post-Menopausal Bleeding clinic with availability of ultrasound imaging and hysteroscopy procedures as a "one stop shop"
- Timely vetting of HSC referrals - nurse led process
- System for communication for histology to allow for timely presentation at MDM

This audit forms the basis of a continuous audit loop of the Faster Cancer Treatment Targets.

References:

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4. Henry, C., Filoche, S., Thunders, M., Kenwright, D. and Ekeroma, A. (2019). Reflection on the current status of endometrial cancer in New Zealand. Aust N Z J Obstet Gynaecol, 59: 874-876. <https://doi.org/10.1111/ajgo.13057>
5. Bigby, S.M., Tin Tin, S., Eva, L.J., Shirley, P., Dempster-Rivett, K. and Elwood, M. (2020). Increasing incidence of endometrial carcinoma in a high-risk New Zealand community. Aust N Z J Obstet Gynaecol, 60: 250-257. <https://doi.org/10.1111/ajgo.13108>



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