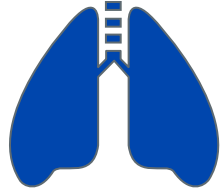


Background



Lung cancer (LC) accounts for more fatalities than any other cancer



~1000 new cases per year



Patients travel across RCN sites and beyond to receive specialized care

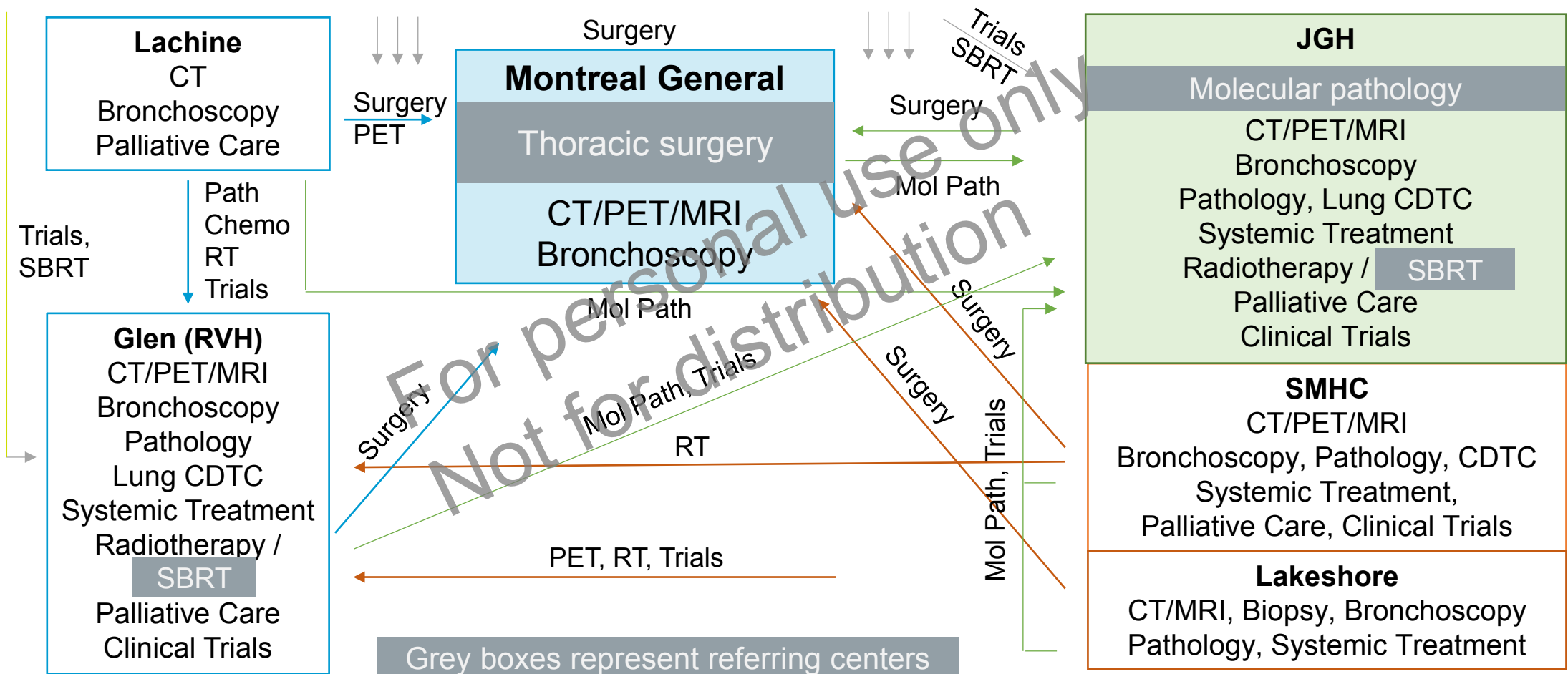


The median time from suspicious CT imaging to surgical treatment of a curable LC is ~100 days

While a perceived weakness of our program is de-centralization, with proper coordination this will become its greatest strength thanks to the large number of expert clinicians in LC care who are engaged to deliver seamless and world-class patient-centered care. A phased approach to expediting the flight path of LC patients across their entire trajectory of care must be adopted.

Background - Patient trajectory across the RCN

Bas-Saint-Laurent | Mauricie et Centre-du-Quebec | Estrie | Outaouais | Abitibi-Témiscamingue | Nord-du-Quebec
 | Laval | Lanaudiere | Laurentides | Montérégie Nunavik | Terre-Cries-de-la-Baie-James



Background – RCN lung cancer incidence

McGill RUIS, Population: 1.9 million

Table 1: Unique patients newly diagnosed with lung cancer (2017)



McGill RUIS

Not McGill RUIS

Provenance (by postal code)	JGH	MUHC	SMHC
-	5	14	5
06-Montréal	155	415	52
07-Outaouais		89	
08-Abitibi-Témiscamingue		4	
10-Nord-du-Québec		1	
16-Montérégie	16	173	2
17-Nunavik		7	
18-Terres-Cries-de-la-Baie-James		4	
01-Bas-Saint-Laurent			
04-Mauricie et Centre-du-Qc			
05-Estrie		3	
13-Laval	16	15	
14-Lanaudière	3	6	
15-Laurentides	4	16	1
Ontario		1	
Total	199	748	60

Source: Cancer registry

Our patient-centered values

EFFICIENCY

We reduce harmful delays. We focus on what's necessary and sufficient. Problems are identified and solutions are offered rapidly. We decrease redundancy and increase efficiency.

COLLABORATION

We work together across disciplines and institutions to achieve a common goal. We communicate often and share resources. Our multi-site teams are linked by modern informatics to effect seamless clinical collaboration and utilize all available data for fully personalized care

EVIDENCE-INFORMED CARE

We integrate a scientific approach to our clinical expertise, patient-centered values, and deliver standardized care according to RCN specific guidelines. Our clinical team is fully integrated to a province wide Lung Cancer Research Network.

INNOVATION

We participate in clinical trials to bring state of the art medicine to our patients. Our teams are built to facilitate and expedite patient access to trials best suited to the individual patient needs. We are innovators and international thought leaders in lung cancer care.

Strengths

- Diverse clinical expertise within RCN
- Physician communication
- Engagement of stakeholders
- Bottom-up approach to strategic planning
- Clinical research and trials

Weaknesses

- Lack of access to patient information across RCN
- Complicated patient trajectories
- Significant delays in imaging and curative treatment
- Low participation in clinical trials
- Resistance to change of practice

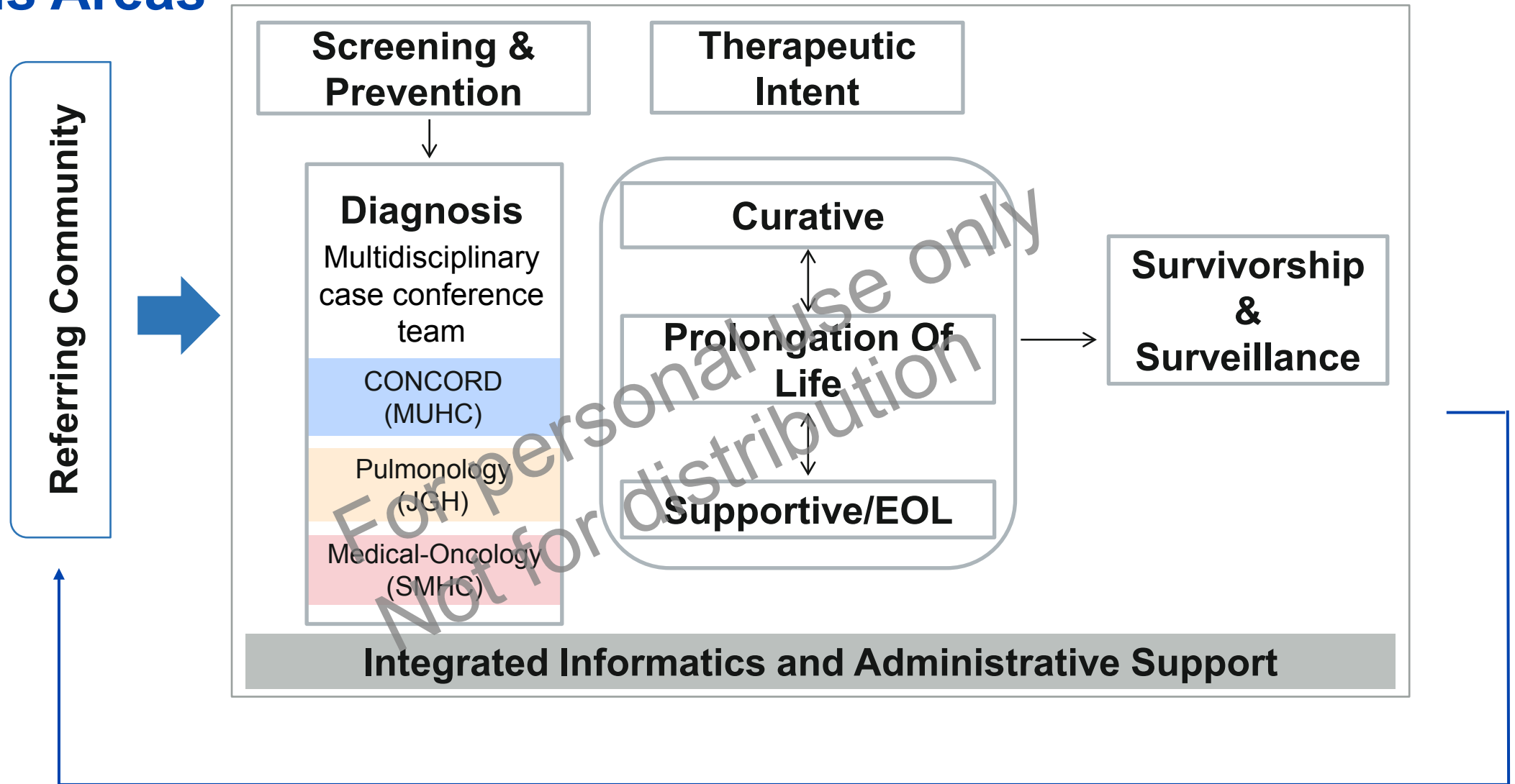
Opportunities

- Greater patient satisfaction
- DGC mandate and reorganization of care
- RCN support
- International recognition of center of excellence
- Emerging treatments

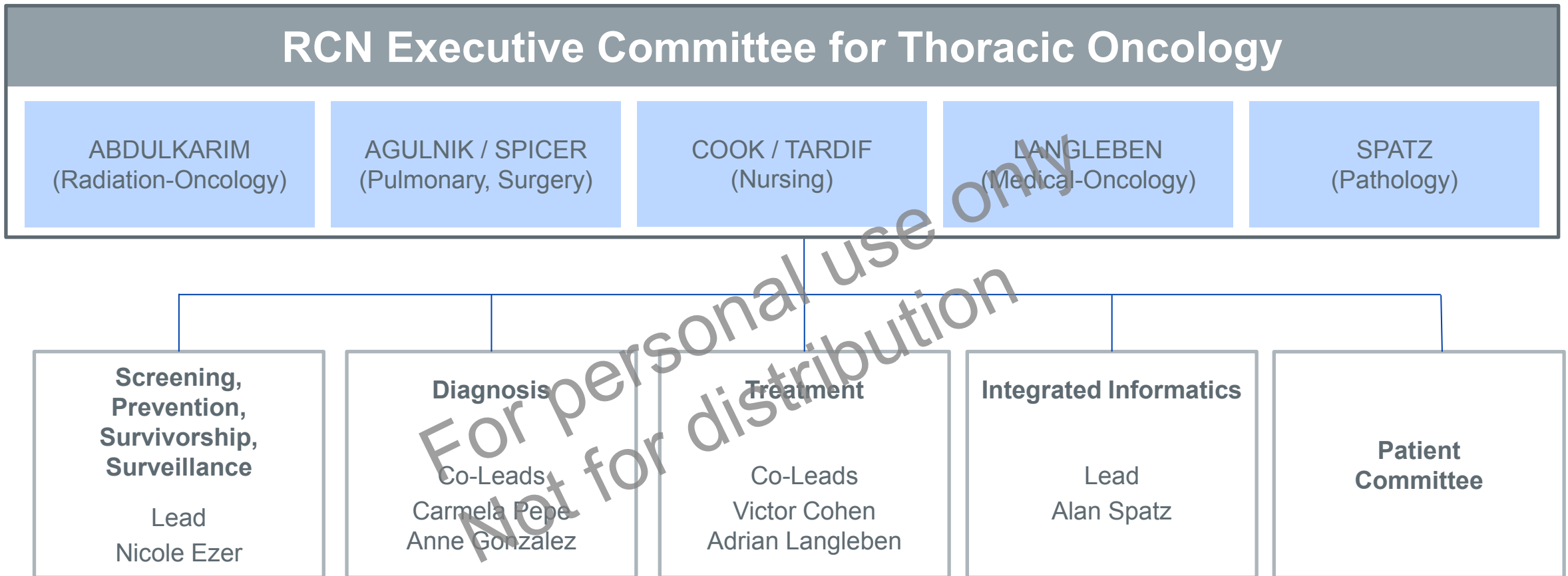
Threats

- Increasing lung cancer burden
- Limited funding and resources
- Imposed reorganization of care
- Competing priorities of healthcare professionals

Focus Areas



Proposed Leadership Structure



Membership includes: Cancer Prevention Center, CLSCs, Family Medicine, Information Technology, Medical-Oncology, Nuclear Medicine, Molecular Pathology, Nursing, Palliative Care, Pathology, Patients, Pharmacy, Radiation-Oncology, Radiology, Pulmonary, and Thoracic Surgery.

Screening & Prevention

- Develop RCN approach to screening and prevention
- Perform community outreach to publicize screening program and prevention teams
- Develop public awareness campaign for smoking cessation, radon exposure, asbestos exposure and reality that 1/6 lung cancers occur in non-smokers

Survivorship & Surveillance

- Ensure a standardized approach to surveillance and management of recurrent disease

Nicole Ezer (Lead)

Lucie Lajeunesse

Jana Taylor

Jonathan Cools-Lartigue

Bojan Kovacina

Andrew Hirsch

Nathalie Saad

Sean Gilman

Joseph Erban

Hitesh Bhanabhai

Bernard Lapointe




Diagnosis

- Create funnels of care across RCN sites to expedite the flight path of LC
- Harmonize the approach to diagnosis and staging through multidisciplinary case conference teams
- Increase efficiency of resource utilization across all platforms
- Provide multi-disciplinary input to treatment selection once necessary and sufficient data is acquired.
- Establish RCN-wide best practices for diagnosis and staging

Carmela Pepe (Co-Lead)
Anne Gonzalez (Co-Lead)
Lucie Tardif
Gayathri Devi Tirou
Hangjun Wang
Sophie Camilleri-Broet
Khldoon Bakdounes
Karl Sayegh
Samantha Iancione
Stephane Probst
Lama Sakr
Chantal Savard


Screening and
prevention


Diagnosis


Treatment


Survivorship and
surveillance


Integrated informatics
and support


Patient committee

Treatment

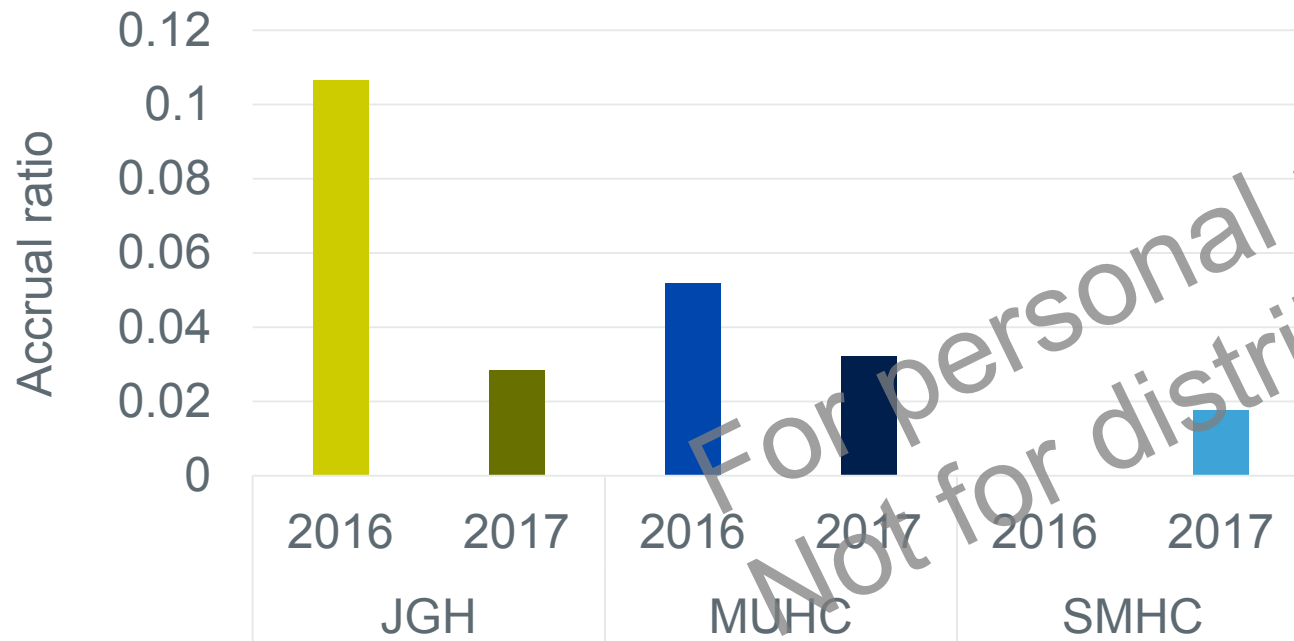
- Improve the delivery of care across the treatment trajectory
 - Ensure first treatment is delivered within 30 days of treatment decision by multidisciplinary case conference team (exceptions include patients requiring medical optimization prior to commencement of cancer therapy)
 - Ensure that palliation and supportive care are considered as a treatment destination
 - Fulfill MESI/FACS grant targets to double clinical trial enrollment over next 4 years
 - Ensure all patients are offered biobank enrollment to enable cutting edge research
 - Proactively manage symptoms and side effects to reduce ER use
- Improve IPO support across all phases and types of treatment
 - Implement patient-reported outcomes (PROs) reporting for all LC patients under treatment

Victor Cohen (Lead)
Adrian Langleben (Lead)
Marcia Gillman
David Mulder
Christian Sirois
Magali Lecavalier
Tara Jesion
Bassam Abdulkarim
Manuel Borod
Ben Shieh
Linda Ofiara



Clinical Trials

The American Society of Clinical Oncology states that exemplary clinical trials sites should accrue at least 10% of treated patients onto treatment-based clinical trials.



Number of currently open lung cancer trials across the RCN (excludes basket trials)

	Lung Trials
JGH	13
MUHC	15
SMHC	3

Source: RCN website:
<https://www.mcgill.ca/rcr-rcn/clinical-trials> –
 Accessed November 12, 2018

Ratio of LC patients enrolled in clinical trials to number of incident cases (2016, 2017)

Source: Managers of each of the research groups

Integrated informatics

- Provide a transparent view of the patients' trajectory and flow using an integrated informatics platform

Alan Spatz (*Lead*)
Sabine Cohen
Scott Owen
Pierre Fiset
Yvan Carbonneau
Thomas Jagoe

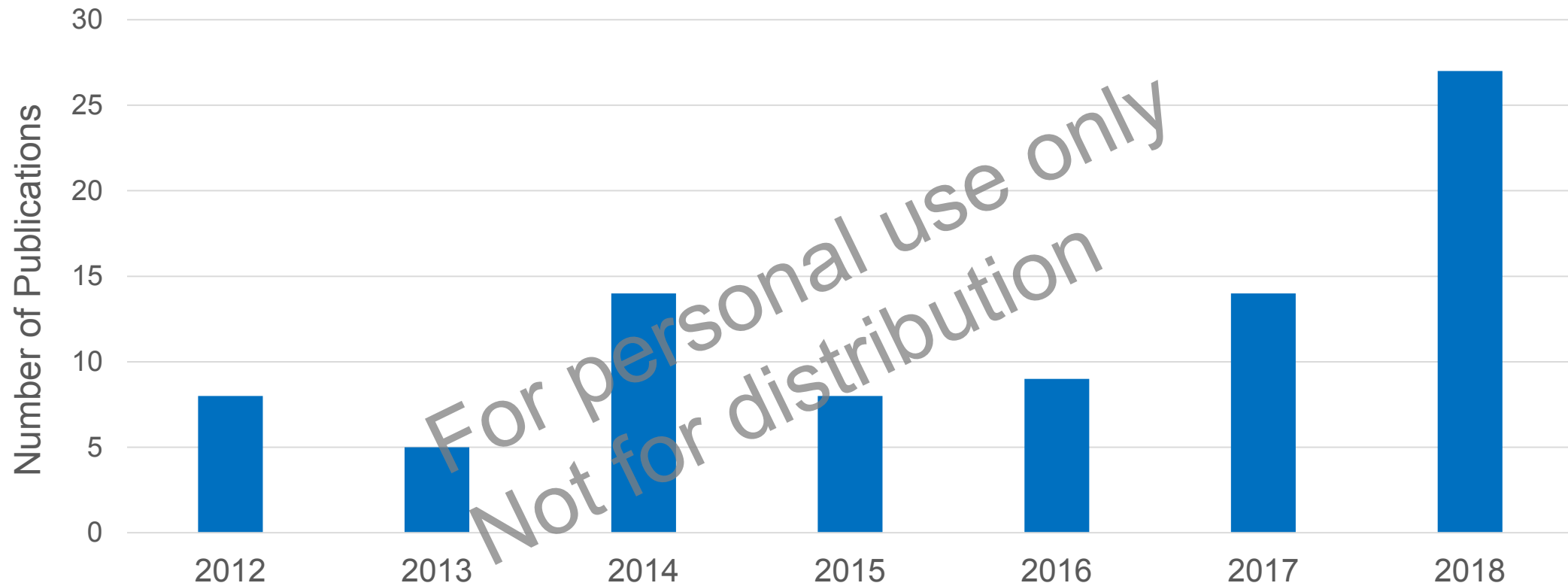
Patient Committee

- Partnership between lung cancer patients and healthcare experts

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Number of Lung Cancer Publications within the RCN



Source: Pubmed, World Conference on Lung Cancer (2016-2018 for available data)



Réseau de
cancérologie
Rossy

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Cancer
Network

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Thank you !